

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15044**  
**5907**

CORONER'S CASE

FILED JAN 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>10 years</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>117 2606 Troost</b>		3438 0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>ROBERT</b> c. (Last) <b>BENNETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 15, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	
8. DATE OF BIRTH <b>March 4, 1913</b>		9. AGE (In years last birthday) <b>40</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Roofer &amp; Sider</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nebraska City, Nebraska 1</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Robert Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Mason</b>	
14. NAME OF HUSBAND OR WIFE <b>-</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 12/33 to 12/1/36</b>		16. SOCIAL SECURITY NO. <b>298-01-6033</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records, Kansas City, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary congestion and edema</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		36 hrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metabolic and Electrolyte Imbalance (m.m.o.)</b>		52 1/2	
DUE TO (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Dec. 15, 1953, to Dec. 15, 1953</b> , that I am the attending physician, and that death occurred at <b>2:15 P. m.</b> , from the causes and on the date stated above.			
23. SIGNATURE <b>Hugh H. Owens</b>		23b. ADDRESS <b>1034 Piatto Blvd.</b>		23c. DATE SIGNED <b>12-17-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/19/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		DATE REC'D BY LOCAL REG. <b>12-17-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Sheil Funeral Home</b>		ADDRESS <b>H. C. Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard C. Carroll*.....

Licensed Embalmer No. *4829*

P. O. Address *R. C. Carroll*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.