

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1273BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>57</u> yrs.	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			d. STREET ADDRESS (If rural, give location) <u>6405 East 37th St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6405 East 37th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Garnet</u>		c. (Last) <u>Bennett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1909</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Park, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Morton E. Bennett</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Conley</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jean Bennett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>487-09-3998</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Domitz, Lee's Summit, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUPLICATE			<u>1 day</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.				DUPLICATE			<u>1 month</u>
DUPLICATE				DUPLICATE			<u>1 month</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE			<u>585x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Empyema of gallbladder, Michel diverticulitis</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Dec 15, 1954</u> , to <u>Jan 1, 1956</u> , that I last saw the deceased alive on <u>Jan 1, 1956</u> , and that death occurred at <u>9:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl T. Moore</u> (Degree or title) <u>Dr. Carl T. Moore M.D.</u>				23b. ADDRESS <u>6426 E 37th St. K.C. 29, Mo.</u>		23c. DATE SIGNED <u>1-1-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-3-56</u>		REGISTRAR'S SIGNATURE <u>Elva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home, Lee's Summit Mo.</u>		

**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 .....  
Student Embalmer

Signed *J. B. Langsfeld* .....

Licensed Embalmer No. *4962* .....

P. O. Address *Leeds Summit* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.