

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1274

State File No.

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 48

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY (in this place) 12 yrs. | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3009 E. 24th St. Terr. | | e. STREET ADDRESS (If rural, give location) 3009 E. 24th St. Terr. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Leander | | b. (Middle) | c. (Last) Bennett | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1956 | |
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| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH June 23, 1903 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|--------------------|------------------------------|---|--|---|------------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY City Hall | 11. BIRTHPLACE (City and State or Foreign Country) Tissuemingo, Ala. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME George Bennett | | 13b. MOTHER'S MAIDEN NAME Mollie (Unknown) | | 14. NAME OF HUSBAND OR WIFE Magnolia Simmons | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY # 426-28-8278 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floydene Bennett, Beverly, Calif. | | | |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple penetrating gunshot wounds of head, body & extremities (upper) | | | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) Laceration of Brain Tissue. | | DUE TO (c) Shock, analysis showed positive for barbiturates. 3 m. from | | E984X |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Shock, analysis showed positive for barbiturates. 3 m. from | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3009 E 24th Terr | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan. 2, 1956 10:30 a.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Don't know shot by policeman |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Deputy Coroner [Signature] | | 23b. ADDRESS 1618 Lydia Ave | 23c. DATE SIGNED 1/6/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1/7/56 1956 | 24c. NAME OF CEMETERY OR CREMATORY Loving Charity | 24d. LOCATION (City, town, or county) (State) Boonville, Miss. |
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| DATE REC'D BY LOCAL REG. 1-6-56 | REGISTRAR'S SIGNATURE Neva Mindall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Badeau, Appleton & Jones, Inc., K.C., Mo. | |
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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 *Conrado Gladys Bodea*

Licensed Embalmer No. *4941*

P. O. Address *F.C.H.*

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.