FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1913
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY Adair County Kirks
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN — Length of stay in Ib 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina 102 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First NAOMI Middle Last BENNETT
4. DATE OF DEATH Month MARCH Day 24 Year 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 19 1903
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months 5 Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Shelby county Mo
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME Charley Bennett
14. MOTHER'S MAIDEN NAME Mary Jane Coates
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Lawrence Bennett Address Shelbyville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Toxemia of burns - 40 % of body — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 16 Chronic glomerulo nephritis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Dress caught fire - 40% body burned
20c. TIME OF INJURY Hour a. m. p. m. 3 PM Month, Day, Year 3/18/56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Shelbina 102 COUNTY Shelby STATE Mo

21. I attended the deceased from 3/18/56 to 3/24/56 and last saw her/him alive on 3/23/56
Death occurred at 4:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. McClure (Degree or title) DO
22b. ADDRESS Kirksville, Mo
22c. DATE SIGNED 3/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar 26 1956
23c. NAME OF CEMETERY OR CREMATORY Shelbyville IOOF
23d. LOCATION (City, town, or county) Shelbyville Shelby (State) Mo

24. FUNERAL DIRECTOR E. P. Thompson ADDRESS Shelbyville Mo
25. DATE RECD. BY LOCAL REG. 3-28-56
26. REGISTRAR'S SIGNATURE Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4

P. O. Address Kirksvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.