

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3577

STATE FILE NUMBER

 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville <u>00130</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C.N.H. #1			Length of stay in 1b		d. STREET ADDRESS 616 N. Elson St., (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emily Middle Bennett Last Bennett			4. DATE OF DEATH Month Feb. Day 7 Year 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 7, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Du Pont, Indiana <u>1</u>		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Osborn			14. MOTHER'S MAIDEN NAME Caroline Henderson		
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 NO. X	17. INFORMANT Address Mrs. Olive Ownbey, Kirksville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Non healing E. Coli infection DUE TO (c) amputation of Rt hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 days 4 days 35 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>1-25-57</u> to <u>2-7-57</u> and last saw <u>her</u> alive on <u>2-7-57</u> Death occurred at <u>1:30</u> Pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (D, free or title) George H. Schoerer, D.O.			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 2-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/9/57	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
24. FUNERAL DIRECTOR Carl M. [Signature]		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 2-12-1957	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

300
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Do not use only standard nomenclature in item 18. No symptoms will be listed. Do not check, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes.

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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Kenneth E. Hayes*

Licensed Embalmer No. *48*

P. O. Address *Kirkwood*

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.