

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043553

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 169

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City Missouri</u>		c. CITY OR TOWN <u>Liberty</u> <u>6001</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>521 FOREST AVE.</u>	

3. NAME OF DECEASED (Type or print) First <u>Guy</u> Middle <u>C</u> Last <u>BENNETT</u>			4. DATE OF DEATH Month <u>12</u> Day <u>29</u> Year <u>58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-29-1876</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>		11. BIRTHPLACE (City and state or country) <u>Mound City, Mo.</u>		

13a. FATHER'S NAME <u>George Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Wm. Deering</u>		14. NAME OF HUSBAND OR WIFE <u>Alma M. 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>no</u>		17. INFORMANT <u>Earl Bennett - 4201 Chester, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction without</u>			
DUE TO (c) <u>Atherosclerotic Heart Disease</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>Aneurysm of rt iliac artery</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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	
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21. I attended the deceased from Oct 15 1958, to Dec 29 1958 and last saw <sup>her</sup>him alive on Dec 29 1958  
Death occurred at 11:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John M. Williams M.D.</u> (Degree or title)		22b. ADDRESS <u>37 South Main Liberty Mo.</u>		22c. DATE SIGNED <u>12-30-58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 30-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	
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24. FUNERAL DIRECTOR <u>Spence - Orcew</u> ADDRESS <u>Liberty Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-30-58</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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**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 *John L. L...* .....

Licensed Embalmer No. *4448* .....

P. O. Address *2 Liberty* .....

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.