

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001195

STATE FILE NUMBER

9

FILED JAN 21 1959 Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

300
-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in lb 60 yrs	d. STREET ADDRESS (If outside, give location) 4203 Holly Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ada Middle B Last Bennett			4. DATE OF DEATH Month Jan Day 1 Year 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-5-1881		9. AGE (In years last birthday) 77 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lyons, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James A. Robb		13b. MOTHER'S MAIDEN NAME Cleta Hutchison		14. NAME OF HUSBAND OR WIFE Albert F. Bennett	

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. Home	17. INFORMANT Mary Ellen Turner Address 4203 Holly	
--	--	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Scleriotic -- Cardio Vasular			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ 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 Kansas City		COUNTY	STATE
21. I attended the deceased from 12-28-58 to 1-1-59 and last saw her alive on 1-4-59 Death occurred at General Hospital on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>Abraham Gelpin</i> (Degree or title)		22b. ADDRESS <i>Gen. Hosp. #1</i>		22c. DATE SIGNED 1-4-59	
---	--	--------------------------------------	--	-----------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-59	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo.
--	--	----------------------------	--	--	--

24. FUNERAL DIRECTOR Melody Mc Gilley-Eylar Woodland		ADDRESS Linwood	25. DATE RECD. BY LOCAL REG. 1-4-59	26. REGISTRAR'S SIGNATURE <i>Preva Marshall</i>	
--	--	------------------------	---	--	--

All diseases in Part I must be causally related.

Abraham Gelpin, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Melvin Bart

Licensed Embalmer No. 490

P. O. Address..... K.C. Mo.

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.