Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012678

STATE FILE NUMBER

MAY 1 1959

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. K. C. Memorial Hospital — Length of stay in 1b 16 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clay
c. CITY OR TOWN Liberty 6001 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 521 Forrest Ave. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Earl Middle nathan Last Bennett

4. DATE OF DEATH Month 4 Day 17 Year 59

5. SEX M
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 6-8-01
9. AGE (In years last birthday) 57 — 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) Retired Contractor
10b. KIND OF BUSINESS OR INDUSTRY Builder
11. BIRTHPLACE (City and state or country) Sweet Springs, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Guy C. Bennett
13b. MOTHER'S MAIDEN NAME Elma Cole
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give wars or dates of service) WW1 + WW2
16. SOCIAL SECURITY NO. 483-10-6286
17. INFORMANT Helena Bennett — Address Liberty 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) Cerebral congestion + edema — INTERVAL BETWEEN ONSET AND DEATH 3-4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral metastasis — 3-4 "
DUE TO (c) bronchiogenic carcinoma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fatty Change Liver, marked. 1621
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-5-59, to 4-17-59 and last saw him alive on 4-16-59
Death occurred at 8 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W M Martin (Degree or title) MD
22b. ADDRESS 701 E 63, KC Mo
22c. DATE SIGNED 4-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr 20-59
23c. NAME OF CEMETERY OR CREMATORY New Hope
23d. LOCATION (City, town, or county) Liberty (State) Mo.

24. FUNERAL DIRECTOR Churchill-Chew Co. ADDRESS Liberty Mo
25. DATE RECD. BY LOCAL REG. 4-20-59
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

VS MAY 1 1959

AP
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HEALTH

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 Lonberg

Licensed Embalmer No. 4448

P. O. Address 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.