

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036072

FILED VS OCT 16 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4784

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 60yrs.	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 Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1414 Locust Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ETHEL BENNETT			4. DATE OF DEATH Month Day Year Oct. 3, 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jun 4, 1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail order Dept		10b. KIND OF BUSINESS OR INDUSTRY Nat. Bella Hess	11. BIRTHPLACE (City and state or country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME James F. Taggart	13b. MOTHER'S MAIDEN NAME Annabelle Dawson	14. NAME OF HUSBAND OR WIFE Jack 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. 492-18-7644	17. INFORMANT Address Mrs. Charles Russell - 1132 A Montgall

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mesenteric Artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiomegaly, severe coronary artery disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year		

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 26 Sept 59 to 3 Oct 59 and last saw her ^{her} _{him} alive on 3 Oct 59 Death occurred at 315 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Decede's if title) Jan B. Wroughly M.D.	22b. ADDRESS 5905 Main - Kansas City, Mo.	22c. DATE SIGNED 10-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-6-59	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 1800 Linwood		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 10-5-59	26. REGISTRAR'S SIGNATURE Neve Marshall
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF **Jan B. Wroughly** 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 Bartraw

Licensed Embalmer No. 4903

P. O. Address KCMo.

- 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.