RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1 1960

60-011721
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe
Length of stay in 1b: 6 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1660 Polk
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 721 So. Main
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDGAR Middle GORDON Last BENNETT

4. DATE OF DEATH: Month Mar. Day 19 Year 1960

5. SEX: Ma/E
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec. 30 1893
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Edgar A. Bennett
13b. MOTHER'S MAIDEN NAME: Hahan Robert
14. NAME OF HUSBAND OR WIFE: Bess Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Bess Bennett Address: 1660 Polk Chillicothe, 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): Paralytic ileus with intestinal obstruction
DUE TO (b): Parkinson's disease
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 96 hours approx 20 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dehydration

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Jan. 1960, to March 19, 1960 and last saw him alive on March 18, 1960
Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Farr, M.D.
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 3/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 22-60
23c. NAME OF CEMETERY OR CREMATORY: Maitland
23d. LOCATION (City, town, or county) (State): Maitland, Mo.

24. FUNERAL DIRECTOR: Price Funeral Home
ADDRESS: Maryville Mo.
25. DATE RECD. BY LOCAL REG.: 3/22/60
26. REGISTRAR'S SIGNATURE: Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.