

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015149

FILED VS MAY 9 1960 149

Registration District No. 1002 Primary Registration District No. 2227 Registrar's No. STATE FILE NUMBER

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		Length of stay in 1b 6 years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6006 CHERRY ST.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6006 CHERRY ST.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND Lyman BENNETT				4. DATE OF DEATH Month Day Year APRIL 19, 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH MAY 6, 1914		9. AGE (last birthday) 45 yrs. 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) Operator - Bennetts Drive in Restaurant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Wellington Kansas		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Harry Bennett			13b. MOTHER'S MAIDEN NAME Jessie Pattee			14. NAME OF HUSBAND OR WIFE Mary 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. -		17. INFORMANT Address Mrs. Louise Miller Durham North Carolina				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 3 years		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year 5:45									
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 April 1, 1960 to April 19, 1960 and last saw him alive on April 16, 1960 Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. H. Slentz, M.D.				(Dr. tree or title)		22b. ADDRESS 4620 Nichols Pkwy.		22c. DATE SIGNED 4-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/22/1960	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery			23d. LOCATION (City, town, & county) Kansas City Missouri		(State)	
24. FUNERAL DIRECTOR D. W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri				ADDRESS		25. DATE RECD. BY LOCAL REG. 4-21-60		26. REGISTRAR'S SIGNATURE Neve Minahall	

DOCUMENT

MEDICAL CERTIFICATION

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 Chester K. Brauer

Licensed Embalmer No. 493

P.O. Address K.P.M.

*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.