

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015150

FILED VS. APR 26 1960

149

Registration District No. **1002** Registrar's No. **2019**

2019

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 8 weeks	c. CITY OR TOWN Leawood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8117 High Drive
3. NAME OF DECEASED (Type or print) First WINSLOW Middle B. Last BENNETT		4. DATE OF DEATH Month April Day 8 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturers Representative		10b. KIND OF BUSINESS OR INDUSTRY Chicago, Illinois	9. AGE (last birthday) 49
13a. FATHER'S NAME Dwight W. Bennett		13b. MOTHER'S MAIDEN NAME Edna Bishop	12. CITIZEN OF WHAT COUNTRY U.S.A.
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. 322-09-2471	14. NAME OF HUSBAND OR WIFE Mrs. Laura Bennett
17. INFORMANT Mrs. Laura Bennett		Address 8117 High Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma DUE TO (b) Carcinoma of Lung DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 mo 15 mo
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"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Aug 1958 and last saw him alive on 4/8/60 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or Title) Frank G. O'Connell MD		22b. ADDRESS 7951 State Line Kc Mo	22c. DATE SIGNED 4/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE April 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Freeman Mortuary Kansas City, Mo. 4-11-60	
25. DATE RECD. BY LOCAL REG. 4-11-60		26. REGISTRAR'S SIGNATURE Irene Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank G. O'Connell

Adm Frank & Sons
795 107th Ave

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. 293
P. O. Address H. O. 24

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.