

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 13 1960

149

Registration District No. 1002

Registrar's No. 3359

60-023056
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 WYANDOTTE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 6 Days		c. CITY OR TOWN KANSAS CITY, KANSAS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 908 SEMINARY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last MARIE BENNETT				4. DATE OF DEATH Month Day Year JUNE 24 1960									
5. SEX FEMALE		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 MAR 11 1892		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) HAYASTRAW, N.Y.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME THOMAS HARTWICK				13b. MOTHER'S MAIDEN NAME SARAH (UNKNOWN)				14. NAME OF HUSBAND OR WIFE HARRY E. 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 ST. LUKES HOSPITAL RECORDS							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) S Acute myocardial failure										3 weeks			
DUE TO (b) Hypostatic Pneumonia										years			
DUE TO (c) Hypertensive heart disease										years			
Arteriosclerosis										years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis (Poor kidney function) Kidney										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 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.) none					
20c. TIME OF INJURY Hour Month, Day, Year				none									
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.) none		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from June 18 1960 to June 24 1960 and last saw her alive on June 23 1960										Death occurred at Early am June 24 1960 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hester J. Wilson M.D.				22b. ADDRESS 411 Nichols Road				22c. DATE SIGNED 6/25/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-27-60		23c. NAME OF CEMETERY MAPLE HILL CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY, KANSAS		(State)					
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, MISSION, KANS.				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-27-60		26. REGISTRAR'S SIGNATURE Vera Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hester J. Wilson

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.