

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25164**  
Registrar's No. **245**

FILED SEP 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **245**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Adair</b> |  |
| b. CITY OR TOWN <b>Kirksville</b>  |  | c. CITY OR TOWN <b>Kirksville</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Nursing Home #1</b> |  | d. STREET ADDRESS (If rural, give location) <b>616 North Elson St.,</b>  |  |

|  |                           |  |   |
|--|---------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Thomas</b>  | b. (Middle) <b>L.</b>     | c. (Last) <b>Bennett</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Aug. 27, 1955</b>       |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Nov. 8, 1865</b>                             |
| 9. AGE (In years last birthday) <b>89</b>  |                           | 10. KIND OF BUSINESS OR INDUSTRY<br><b>Miner</b>                         | 11. BIRTHPLACE (City and State or Foreign Country) /<br><b>Ohio</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Coal Miner</b> |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                            |   |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>Arron Bennett</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Hannah File</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Emily Osborn</b>                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b>          | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Olive Ownbey, Kirksville, Mo.</b> |

|   |  |   |   |
|---|--|---|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>starvation</b> |   |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <b>senile changes of old age</b> |   |
| DUE TO (c)  |  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |   |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>794X</b>                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from Aug 30, 1955, to Aug 27, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 10 P m., from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23a. SIGNATURE (Dress or title)<br><b>W. L. Lutenal</b>                 | 23b. ADDRESS<br><b>Kirksville, Mo.</b>       | 23c. DATE SIGNED<br><b>8/30/55</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>              | 24b. DATE<br><b>8/30/55</b>                  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Hills Cemetery</b>                 |
| 24d. LOCATION (City, town, or county) (State)<br><b>Kirksville, Mo.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>John M. Riley, Kirksville, Mo.</b> |
| DATE REC'D BY LOCAL REG.<br><b>9-5-55</b>                               | REGISTRAR'S SIGNATURE<br><b>Kate Lambert</b> |   |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....

Student Embalmer

Signed *Herbert E. Hayes* .....

Licensed Embalmer No. *4890* .....

P. O. Address *Kirkville, Mo.* .....

**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 this body is not embalmed, fact should be so stated above.