MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032202
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 169

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY — Length of stay in 1b: 3 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTH KANSAS CITY MEM. HOSPITAL — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN NORTH KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3700 VIVION ROAD — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First MAUDE Middle VASHTI Last BENNETT
4. DATE OF DEATH: Month 10 Day 2 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 1-18-1889
9. AGE (last birthday): 72
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stanbery, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Thomas J. Shisler
13b. MOTHER'S MAIDEN NAME: Vashti Christy
14. NAME OF HUSBAND OR WIFE: Robert Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) ---
17. INFORMANT: Mr. Howard Bennett — Address: 1611E. 48th KC.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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anemia and cachexia — About 6 weeks
DUE TO (c) Gangrene right leg (due to Arteriosclerosis obliterans) — 2 Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Arteriosclerosis, Atrial fibrillation
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 March 1960 to Oct 2, 1961 and last saw her/him alive on Oct 2, 1961
Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John L. Brill M.D. (Degree or title)
22b. ADDRESS 5140 Antioch Pl. KC Mo
22c. DATE SIGNED 10-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-5-1961
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 10-3-61
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K C 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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