

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11482

BIRTH NO. 49-020696		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 103	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Boone		b. CITY (If outside corporate limits, write RURAL and give township) Columbia		a. STATE Missouri		b. COUNTY Boone	
c. LENGTH OF STAY (in this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) Columbia		d. STREET ADDRESS (If rural, give location) 714 Lyons St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) 714 Lyons St.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) VICTOR		b. (Middle) RAY		c. (Last) BENNETT		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Apr. 11, 1949		9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
11. BIRTHPLACE (State or foreign country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Howard Bennett		13b. MOTHER'S MAIDEN NAME Carlenè Crane	
14. NAME OF HUSBAND OR WIFE		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Bennett, Columbia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Atelectasis both lungs.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cleft palate 9/68				INTERVAL BETWEEN ONSET AND DEATH 4 days.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 April 11, 1949, to April 15, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Helen E. Weaver, M.D.		23b. ADDRESS 909 University, Columbia, Mo.		23c. DATE SIGNED April 16, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 16, 1949		24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
DATE REC'D BY LOCAL REG. April 16 1949		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parner Funeral Service, Columbia, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

10
2
4

Date Filed _____
District File Number _____
APR 19 1949
District Health Officer No. 9,
M.E. 1.3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Tom M. Harg

Signed _____
Student Embalmer

Licensed Embalmer No. *4067*

P. O. Address *Columbia, 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.