

FILED FEB 15 1950

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **343**

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u> Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> <u>1730</u>		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Poplar Bluff</u>)		c. LENGTH OF STAY (in this place) <u>Six Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Poplar Bluff</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First)	b. (Middle) <u>L</u>	c. (Last) <u>Bennett</u>
4. DATE OF DEATH	(Month)	(Day)	(Year)		
<u>2</u>	<u>3</u>	<u>1950</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH	9. AGE (in years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			<u>March 20</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Williamsville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Bennett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>1.6.24 18.5.27.1.31.19.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Bennett Puxico Mo.</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertetic pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Day</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of large intestine?</u> DUE TO (c) <u>Hydropneumothorax R.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1537</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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)		
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 <u>1-29</u> , 19 <u>50</u> , to <u>2-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>50</u> , and that death occurred at <u>8:45</u> pm., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank E. Dinelli M.D.</u>			23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>2/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Dunklin Co 9 mi. so of Kennett Mo</u>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>Feb 10 - 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Service Puxico Mo</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-84
FEB 13 REC'D

MAR 27 1950

MAY 29 1953

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.

[Handwritten signature]