

FILED JUL 18 1950 STANDARD CERTIFICATE OF DEATH

22708
State File No. 76
Registrar's No. 76

BIRTH NO. 39191-50 REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3008

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Butler 0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) DeLoss c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) July 10, 1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH July 10, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 2 HRS. Hours 2	IF UNDER 15 MIN. Min. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Butler Mo		12. CITIZEN OF WHAT COUNTRY? U.S. 17.		

13a. FATHER'S NAME Richard D. Bennett	13b. MOTHER'S MAIDEN NAME Bonnie Mae Portwood	14. NAME OF HUSBAND OR WIFE NONE
---	---	--

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 Mrs. Otto Portwood	ADDRESS Butler Mo.
---	--	--	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rematuberc		INTERVAL BETWEEN ONSET AND DEATH 776x
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 1/2 months before		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Expired 4 hrs. after spontaneous delivery	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) Butler, Mo.
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 10, 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from **July 10, 1950**, to **July 10, 1950**, that I last saw the deceased alive on **July 10, 1950**, and that death occurred at **8:20 PM**, from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Lusk Jr. M.D.	(Degree or title)	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 7/10/50
---	-------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-10-50	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	24d. LOCATION (City, town, or county) (State) Adrian Mo.
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. July 10-1950	REGISTRAR'S SIGNATURE Rendall Kirby	25. FUNERAL DIRECTOR'S SIGNATURE Creath	ADDRESS Adrian Mo.
---	---	---	------------------------------

RECEIVED 7-

DISTRICT HEALTH OFFICE No.

District File No. Ser

Date Filed 7-17-50

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

Fred W. Breath

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Fred W. Breath*

Licensed Embalmer No. *3343*

P. O. Address *Admission, Md*

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.