

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23804

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 329	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1821 MOFFETT. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) HENRY		b. (Middle) J		c. (Last) BENNETT	
4. DATE OF DEATH		(Month) 7		(Day) 14		(Year) 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11-24-1880		9. AGE (in years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BATES Co Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JACK BENNETT		13b. MOTHER'S MAIDEN NAME PAMELA STANFIELD		14. NAME OF HUSBAND OR WIFE DORA B. BENNETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Dora B Bennett 1821 Moffett			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left paraplegia from old cerebral accident				INTERVAL BETWEEN ONSET AND DEATH Over 2 yrs 4 3/4 2 yrs	
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 Feb 1948 to July 1950 that I last saw the deceased alive on 7-14-50, 1950, and that death occurred at 3 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. H. Hamilton, M.D.		(Degree or title)		23b. ADDRESS 617 Frisco Bldg		23c. DATE SIGNED 7-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/50		24c. NAME OF CEMETERY OR CREMATORY OSBORN MEM.		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 7-15-50		REGISTRAR'S SIGNATURE E. H. Hamilton 138		25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut-Glover Mortuary		ADDRESS	

(Licensed Embalmer - Placement on Reverse Side)

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

RECEIVED 7-24-50  
Jasper County Health Office

County File Number 50-7-546

Date Filed 7-24-50

AUG 21 1950

AUG 19 1950

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

working under my personal supervision.

Student Embalmer No. ....

Signed Dale Glover

Signed.....  
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.