

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25307

State File No. ....

FILED JUL 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Phelps <u>0812</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO COUNTY Dent <u>08091</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla <u>12 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem Mo <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial		d. STREET ADDRESS (If rural, give location) East 4th	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) E c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) July 20 1952		
5. SEX male <u>0</u>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <u>2</u>	
8. DATE OF BIRTH 12/16/75		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	
11. BIRTHPLACE (State or foreign country) Crawford Co Mo <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY Farmer	

13a. FATHER'S NAME Francis M Bennett		13b. MOTHER'S MAIDEN NAME Martha Hall		14. NAME OF HUSBAND OR WIFE Charlootte Bennett	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <u>X</u>		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Waldo Bennett Salem Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>He Cholelithiasis with cholelithiasis</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>	
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22. I hereby certify that I attended the deceased from 7/7/52 to 7/20, 1952, that I last saw the deceased alive on 7/20, 1952 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>7/20/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>	
				24d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 21, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Salem Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Phelps County Health Officer,

County File Number

Date Filed

7-28-52

AUG 28 1952

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

*Carl H. Jensen*

Licensed Embalmer No.

49320

P. O. Address

*Salina 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.