S. No. 300
v. 10.48

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

FILED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32410

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4385 Registrar's No. 32

0750

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KOSHKONONG
c. LENGTH OF STAY (In this place): 5YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OREGON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KOSHKONONG 0750
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): GREEN
c. (Last): BENNETT

4. DATE OF DEATH (Month) (Day) (Year): AUG. 26, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 25, 1879
9. AGE (In years last birthday): 73 — If under 1 year: Months 3, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): JONESBORO ARK
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: SAM BENNETT
13b. MOTHER'S MAIDEN NAME: FANNIE WIMPY
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMIPLEGIA RIGHT SIDE — INTERVAL BETWEEN ONSET AND DEATH: 2 WKS

ANTECEDENT CAUSES

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334-X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-15, 1952, *to* 8-26, 1952, *that I last saw the deceased alive on* 8-25, 1952, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Ellison M.D.
23b. ADDRESS: THAYER MISSOURI
23c. DATE SIGNED: 9-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-28-1952
24c. NAME OF CEMETERY OR CREMATORY: Linwood Cemetry
24d. LOCATION (City, town, or county) (State): PARAGOULD ARK

DATE REC'D BY LOCAL REG.: Sept 6, 1952
REGISTRAR'S SIGNATURE: Arthur Wolff
25. FUNERAL DIRECTOR'S SIGNATURE: Howard Funeral Service
ADDRESS: Leachville Ark.

(Licensed Embalmer's Statement on Reverse Side)

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 H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.