No. 300
10.48

XC-UNKNOWN
RN-3179

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37814
State File No.

BIRTH NO. FILED DEC 11 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 538

124
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1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALDEN 0357
d. STREET ADDRESS (If rural, give location): 616 East Ozark

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

4. DATE OF DEATH (Month): 11 (Day): 30 (Year): 52

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: June 6, 1930
9. AGE (In years last birthday): 22 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SURVEYOR
10b. KIND OF BUSINESS OR INDUSTRY: SURVEYING
11. BIRTHPLACE (City and State or Foreign Country): MALDEN, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BOYD BENNETT
13b. MOTHER'S MAIDEN NAME: NORA HUNSAKER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 2-7-47 TO 7-9-48
16. SOCIAL SECURITY NO.: 492342657
17. INFORMANT'S SIGNATURE OR NAME: BOYD BENNETT — **ADDRESS**: MALDEN, MISSOURI

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) SHOCK, PRIMARY — Interval between onset and death:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) SKULL FRACTURE
DUE TO (c) HEMORRHAGE

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: 672
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NEW MADRID CO. MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ACCIDENT

22. *I hereby certify that I attended the deceased from* November 30 *1952*, *to* NOVEMBER 30 *1952*, *and that death occurred at* 5:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ERNEST M. TAPP, MD
23b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
23c. DATE SIGNED: 11-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/3/52
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): MALDEN, MO.

DATE REC'D BY LOCAL REG.: Dec. 1 1952
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: DAY FUNERAL HOME MALDEN

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 9 1952
BUTLER CO. HEALTH CENTER
FILE No. ~~165~~ 1252-589
~~1252-594~~

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 J. W. Scharman
Licensed Embalmer No. 4086
P. O. Address Malden

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.