

STANDARD CERTIFICATE OF DEATH

DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Puxico Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Ed</i>	b. (Middle) <i>Roger</i>	c. (Last) <i>Bennett</i>	(Month) <i>Dec.</i>	(Day) <i>3</i>	(Year) <i>1952</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 23, 1901</i>	9. AGE (In years last birthday) <i>50</i>	10. UNDER 1 YEAR Months <i>11</i> Days <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Trucker</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Ark.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>J. W. Bennett</i>		13b. MOTHER'S MAIDEN NAME <i>Francis Reddick</i>		14. NAME OF HUSBAND OR WIFE <i>Delia Bennett</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>708-05-0500</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Delia Bennett</i> ADDRESS <i>Puxico Mo</i>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 da</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Uremia</i>		<i>10 da</i>
	DUE TO (c) <i>Chronic nephritis</i>		<i>3 mo</i>
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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>592 X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 *11-25-52*, to *12-3-52*, that I last saw the deceased alive on *12-3-52*, and that death occurred at *6:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. P. Kuehler M.D.</i> (Degree or title)		23b. ADDRESS <i>Poplar Bluff, Mo</i>		23c. DATE SIGNED <i>12/7/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 4 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Puxico Cemetery</i>	
24d. LOCATION (City, town, or county) <i>Puxico</i>		24e. (State) <i>Mo</i>			

DATE REC'D BY LOCAL REG. <i>12-18-52</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> <i>428-</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Gloyd Morgan</i> ADDRESS <i>Puxico Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 24 1957
BUTLER CO. HEALTH CENTER

FILE No. 1252-603

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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.