

**STANDARD CERTIFICATE OF DEATH**

State File No. **44282**

10.300  
10.48

**FILED DEC 29 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6187** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>	
b. CITY OR TOWN <b>Rural Cedar Creek</b>	c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>Dickens</b> <b>116A</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Cedar Creek Woods</b>		d. STREET ADDRESS (If rural, give location) <b>Dickens</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Jackie Dale Bennett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 4 1952</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>
8. DATE OF BIRTH <b>Nov 28, 1936</b>		9. AGE (In years last birthday) <b>16</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 1 HRS. Hours <b>0</b> Min. <b>0</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kissee Mills</b> <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hi. School student</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Student</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>C. A. Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Uma Neff</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. A. Bennett Dickens Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wound, abdomen</b>		DUE TO (b) _____		<b>2 hrs</b>	
ANTECEDENT CAUSES		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>E9198</b> <b>43</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>106</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Beer Parlor</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Taney Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec, 4, '52 11:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **Dec 4, 1952**, to **Dec 4, 1952** that I last saw the deceased alive on **Dec 4, 1952** and that death occurred at **2:42 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W E Magness MD</b> (Degree or title)		23b. ADDRESS <b>Brannen, Mo</b>		23c. DATE SIGNED <b>12/17/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>12/7/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dickens Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Dickens Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Joseph Funeral Home</b>		ADDRESS <b>Joseph</b>	
DATE REC'D BY LOCAL REG. <b>12-27-52</b>		REGISTRAR'S SIGNATURE <b>S E Copewell</b> <b>376</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

60  
3

**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 Walter S Cobb

Licensed Embalmer No. 4731

P. O. Address Lawyer, 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.