

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35438

State File No. _____

NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5338</u>		Registrar's No. <u>53-99</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk twp.</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk twp.</u>		0290 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Sawmill Gilchrist Place</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. Everton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Calvin</u>		a. (First)		b. (Middle)		c. (Last) <u>Bennett</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan. 5, 1947</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Everett C. Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Wymore</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margarett Bennett, Everton, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed beneath farm tractor</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>E-9/2/3</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Twp. Dade Co. Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 6, 1953 4:20 p.m.</u>	
21e. INJURY OCCURRED WHILE AT ☒ WORK ☐ NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR? <u>Was turned tractor</u>					
22. I hereby certify that, I attended the deceased from <u>after death</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.R. Allison</u>				23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>11-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-9-53</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada, Greenfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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. C. Canada

Licensed Embalmer No. *4196*

P. O. Address

Greenfield, N.H.

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.