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

FILED NOV 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 39926

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St James - North Pillon
c. LENGTH OF STAY (In this place): 20 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Stoddard
c. CITY OR TOWN: Bloomfield, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 108 1

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): N.
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 15 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 4, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Stoddard Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Samuel Bennett
13b. MOTHER'S MAIDEN NAME: Mary Barnes
14. NAME OF HUSBAND OR WIFE: David Knox
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: Ferndale Nursing Home - St James Mo

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): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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: 490 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* 3-27, 1953, *to* Nov. 1, 1953 *that I last saw the deceased alive on* Oct. 31, 1953, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. V. Hammler, M.D.
23b. ADDRESS: St. James, Mo
23c. DATE SIGNED: 11-2-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Walker Cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Mo

DATE REC'D BY LOCAL REG.: Nov 2. 1953
REGISTRAR'S SIGNATURE: Ruth B. Powell
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Ora E. Liebliber - St James Mo

(Licensed Embalmer's Statement on Reverse Side)

County File Number _____

Date Filed 11-12-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ML, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orell E Lee Klile

Licensed Embalmer No. 35

P. O. Address St James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.