

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22798

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ridgeway</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>	
c. LENGTH OF STAY (in this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W.</u> c. (Last) <u>Bennett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-1954</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 26, 1867</u>	9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Wm. East. Ridgeway - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	---	---

13a. FATHER'S NAME <u>William E. Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Arnelia Trusham</u>	14. NAME OF HUSBAND OR WIFE <u>Walter L. Bennett Deceased</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert M. Bennett</u>	ADDRESS <u>Ridgeway 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>again</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> 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 <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (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)	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 June 13, 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lerd Breuer, MD</u> (Degree or title)	23b. ADDRESS <u>Ridgeway Mo</u>	23c. DATE SIGNED <u>July 26, 54</u>
--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>	24b. DATE <u>7-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yankee's Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>July 26-54</u>	REGISTRAR'S SIGNATURE <u>Lerd Breuer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Bowers</u>	ADDRESS <u>Ridgeway Mo</u>
---	---	---	-------------------------------

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

440 F

**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 Robert R. Boppers -  
.....

Licensed Embalmer No. 3576

P. O. Address Ridgeway 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.