

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 41803 Registrar's No. 15

1. PLACE OF DEATH  
 a. COUNTY Franklin  
 b. CITY OR TOWN Pacific  
 c. LENGTH OF STAY (in this place) 2 yrs?  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy F -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Franklin  
 c. CITY OR TOWN Pacific  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 202 High St. 0360

3. NAME OF DECEASED  
 (Type or Print) a. (First) Homer b. (Middle) G. c. (Last) Bennett

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 5 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Sept. 3 1923 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.)  
31 - - - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman  
 10b. KIND OF BUSINESS OR INDUSTRY Schultz Box Co

11. BIRTHPLACE (City and State or Foreign Country) Adel, Georgia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Bennett

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Dorris Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 11

16. SOCIAL SECURITY NO. 259-24-1611

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Dorris Bennett, Pacific, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) In Auto Accident  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) on Hwy 7, south of Pacific Mo. missed bridge  
 DUE TO (c) completely.  
 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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) Hwy

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Pacific Bales Franklin Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 5 1954 2A

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Lost control of Car

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Ott

23b. ADDRESS General M.

23c. DATE SIGNED Sept 5 1954

24a. MORTAL CREMATION REMOVAL (Specify) Burial

24b. DATE Sept 9 1954

24c. NAME OF CEMETERY OR INTERMENT PLACE New St. Maroon

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. Sept 5 1954

REGISTRAR'S SIGNATURE Mary B. Gross

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Wm Schumacher 3013 Mermer St. Louis Mo

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

0360

1961 8 F 100

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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.....  
Signature of Student Embalmer

Signed..... *James L. Hughes*

Licensed Embalmer No. .... 300

P. O. Address: *Payson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.