No. 300
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Reg. 5704 SL-2087

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2323

BIRTH NO. FILED FEB 7 - 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0412

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand, St.Louis, Mo.
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 830 St.Louis Street

0396
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3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Mansfield
c. (Last): BENNETT

4. DATE OF DEATH (Month) (Day) (Year): 1-14-55

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: 12-5-14
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Decorator
10b. KIND OF BUSINESS OR INDUSTRY: Interior Decorating
11. BIRTHPLACE (City and State or Foreign Country): Huntington, Indiana 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Homer N. Bennett
13b. MOTHER'S MAIDEN NAME: Elsie Huston
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: 023 10 0788
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hosp.Records, 915 N.Grand, St.Louis, 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): Atelectasis of Lungs;

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Cardiac Arrest; Anesthesia while undergoing heart operation (Hufnagel Valve)

DUE TO (c): at Veteran's Hospital on Jany 14, 1955.

II. 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: Accident
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hosp
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jany 14 55 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E954X

22. *I hereby certify that I attended the deceased from* 1-4-55, 19__, *to* 1-14-55, 19__, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 2:45p *m., from the causes and on the date stated above.* 46

23a. SIGNATURE (Degree or title): Joseph M. Lewis Deputy Coron 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 1/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 1-15-55
24c. NAME OF CEMETERY OR CREMATORY: Jackson Cemetery
24d. LOCATION (City, town, or county) (State): Jackson, Michigan

DATE REC'D BY LOCAL REG.: JAN 15 1955
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Southern Funeral Home 6322 S.Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1962

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Tassen

Licensed Embalmer No. 434

P. O. Address 6322 Sod

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.