

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5885 State File No. 8924
4356 Registrar's No. 15

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>15</u>					
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> <u>0720</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> <u>0720</u>							
b. CITY (If outside corporate limits, write RURAL and give town) <u>Como Twsp</u> <u>1</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>Catron</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Flood Way 1/2 mile N. Catron Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>2miles W. of Catron</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) _____ c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1955</u>		5. SEX <u>Male</u> <u>2</u>		6. COLOR OR RACE <u>Colored</u>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> <u>0</u>		8. DATE OF BIRTH <u>Aug. 15 1923</u>		9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Schoffner Switch, Ark. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Will Bennett</u>			13b. MOTHER'S MAIDEN NAME <u>Delcie Rivers</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Will Bennett-Catron, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wounds</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in lack of neck</u> DUE TO (c) 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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) <u>Como, New Madrid, Mo.</u>		21d. TIME OF INJURY <u>3-3-55 4:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot with gun.</u>	
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 <u>4:30p m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Geo. H. Kelly, M.D.</u> (Degree or title)				23b. ADDRESS <u>New Madrid, Mo.</u>				23c. DATE SIGNED <u>3/3/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park, Catron, Mo.</u>		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. <u>3/31/55</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. H. Kelly M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</u>					

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

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 *Homer L. Ponder*.....

Licensed Embalmer No. *336*.....

P. O. Address *Tilbourn*.....

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.