

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23064**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4386** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Henry Bennett			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) August 4, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-6-1875		9. AGE (In years) Last birthday 79		10. UNDER 1 YEAR Months 11		11. UNDER 12 Hrs. Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Chester, South Carolina				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME John Bennett			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lorene Bennett					
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 Lorene Bennett, Thayer, Missouri			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial DUE TO (c) Bye - degenerative									
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		III. 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 6000						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)				
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 **July 1, 1955**, to **Aug 4, 1955**, that I last saw the deceased alive on **Aug 4, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arthur Wolf			(Degree or title)			23b. ADDRESS Thayer Mo			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-1955		24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery			24d. LOCATION (City, town, or county) (State) Thayer Oregon Missouri				

DATE REC'D BY LOCAL REG. 8-13-1955		REGISTRAR'S SIGNATURE Arthur Wolf			25. FUNERAL DIRECTOR'S SIGNATURE Richard C. Thayer			ADDRESS		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

AUG 16 1955

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

Richard Carter

Licensed Embalmer No. 4516

P. O. Address Sharon ny

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.