

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Twp.</u>		c. CITY OR TOWN <u>Greenville</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>IN ROUTE TO HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>1110</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Hal</u>		(Month) (Day) (Year) <u>Aug. 17, 1955</u>	
b. (Middle)		c. (Last) <u>Bennett</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1898</u>
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Abstract office</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville, Mo.</u>
13a. FATHER'S NAME <u>Carroll P. Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Effie E. Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Carmen Inez McCowan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>495-30-3594</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Inez Bennett</u>
(If yes, give war or dates of service) <u>World War I</u>		ADDRESS <u>Greenville, 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 <u>Aug 17, 1955</u> , to <u>Aug 17, 1955</u> , that I last saw the deceased alive on <u>Aug 17, 1955</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John F Wagner</u>		23b. ADDRESS <u>M. D. Greenville, Mo.</u>	
(Degree or title)		23c. DATE SIGNED <u>Aug 18 - 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8/27/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Gish</u>	
		ADDRESS <u>Piedmont, Mo.</u>	

RECEIVED
SEP 29 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

3551
OCT 3 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 me Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Martin E Bowles

Licensed Embalmer No. 44

P. O. Address Redmon

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.