

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34569

FILED OCT 24 1955

State File No.

318

1003

Registrar's No. 8735

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				e. STREET ADDRESS (If rural, give location) 23 2632 Russell			
3. NAME OF DECEASED (Type or Print) a. (First) Evelyn b. (Middle) Leona c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1930		9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing		11. BIRTHPLACE (City and State or Foreign Country) Wilmington, N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Harley B. Smith			13b. MOTHER'S MAIDEN NAME Cynthia Tyson		14. NAME OF HUSBAND OR WIFE Wendell C. Bennett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Wendell C. Bennett, 2632 Russell ADDRESS _____			
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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Fracture of skull; 2. Subdural hemorrhage of brain; suffered in collision between car operated by Wendell Bennett, husband of deceased in which she was a passenger and car operated by one Betty Lou Conway, at intersection of Russell and Ohio Streets, about 9:58 P.M., Oct. 3, 1955. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9:58 P.M., Oct. 3, 1955. WHETHER _____					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION ACCIDENTAL OR CRIMINAL CARELESSNESS ON THE PART OF BETTY LOU CONWAY COULD NOT BE DETERMINED. OPEN VERDICT.					
21a. ACCIDENTAL OR SUICIDE HOMICIDE (Specify) Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (City, town, or township) St. Louis Mo		21d. (County) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 3 55 9:58 p.m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:58 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Catriel C. Taylor Casauer (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.6.55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-5-55	24c. NAME OF CEMETERY OR CREMATORY Lewis Cemetery		24d. LOCATION (City, town, or county) (State) Lodi, Mo.		
DATE REC'D BY LOCAL REG. OCT 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS _____			

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

NOV 12 1959

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 *John Bumbley*

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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.