

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

702

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY OR TOWN <u>CAMERON</u>	c. LENGTH OF STAY (in this place) <u>14 mos.</u>	c. CITY OR TOWN <u>CAMERON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 S. HARRIS ST.</u>		d. STREET ADDRESS (If rural, give location) <u>106 S. HARRIS ST.</u>	

3. NAME OF DECEASED a. (First) <u>OLIVER</u> b. (Middle) <u>Wesley</u> c. (Last) <u>BENNINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 27 1956</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>APRIL 4, 1883</u>	9. AGE (in years last birthday) <u>72</u>	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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	

13a. FATHER'S NAME <u>LAWSON W. BENNINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>Celestia J. (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Boerger Bennington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. Lois Buck Cameron 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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	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) 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 Jan 27, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:02 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Kimes M.D.</u> (Degree or title)	23b. ADDRESS <u>Cameron Mo.</u>	23c. DATE SIGNED <u>1-31-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 29. 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>WINSTON - MO</u>
DATE REC'D BY LOCAL REG. <u>5-6-56</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	390	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>CRUNK CAMERON Mo.</u>

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

1958 FEB 28 1958
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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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, Mo*

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.