

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24123

State File No. ....

FILED AUG 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>325</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (If this place) <b>11 wks.</b>		c. CITY OR TOWN <b>Webb City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				e. STREET ADDRESS <b>824 N. Hall St.</b> (If rural, give location) <span style="float: right;"><u>04921</u></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>E.</b> c. (Last) <b>Bennett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 25, 1880</b>		9. AGE (In years last birthday) <b>76</b>	10. MONTHS <b>3</b>	11. DAYS <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Vernon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Wm. Bennett</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Ross</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>441-10-1835</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Thena Patterson Webb City, Mo.</b>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b>					INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomia of prostate</b>					<b>8 Months</b>
		DUE TO (c)					
		II. 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 checked="" 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)		<b>177x</b>	
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 <u>5-12</u> , 19 <u>56</u> , to <u>7-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-22</u> , 19 <u>56</u> , and that death occurred at <u>2:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Severin H. Smith</b> (Degree or title) <b>0</b>				23b. ADDRESS <b>Webb City Mo</b>		23c. DATE SIGNED <b>7-22-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-25-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mars Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>S. of Aurora, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-25-56</b>		REGISTRAR'S SIGNATURE <b>Noel Merriam</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Johnston-Arnce-Simpson Webb City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

526

Jasper  
County File No. 56-7-618  
Date Filed JUL 30 1958

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 *Jack C Simpson*

Licensed Embalmer No. *464*  
P. O. Address *Webb City*

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.