

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9508**

FILED MAR 25 1957

BIRTH NO. _____		REG. DIST. NO. 248		PRIMARY REG. DIST. NO. 4369		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY OR TOWN Seneca		c. LENGTH OF STAY (in this place) 5 MO.		c. CITY OR TOWN Seneca 6730		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 _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Lee			b. (Middle) Ora			c. (Last) Bennett	
4. DATE OF DEATH (Month) (Day) (Year) March 8, 1957		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar. wid	
8. DATE OF BIRTH Apr. 20, 1890		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Newton Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Melvin Bennette			13b. MOTHER'S MAIDEN NAME Caroline Denney			14. NAME OF HUSBAND OR WIFE Sara	
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. 491-07-9304		17. INFORMANT'S SIGNATURE OR NAME W. R. Bennett, Seneca, Missouri ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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? 2 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) 331x			
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 Mar 1 , 19 57 , to Mar 8 , 19 57 , that I last saw the deceased alive on Mar 8 , 19 57 , and that death occurred at 10 a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. Mendenhall D.O.				23b. ADDRESS Seneca MO.		23c. DATE SIGNED 3/9/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/57		24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		24d. LOCATION (City, town, or county) (State) Seneca, Missouri	
DATE REC'D BY LOCAL REG. 3-11-57		REGISTRAR'S SIGNATURE Mrs. Irene Russell		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Reddick ADDRESS Seneca MO			

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

486

RECEIVED

District Health Officer No. *Newstara*

District File Number *357-67*

Date Filed *MAR 1 1957*

MAR 26 1957

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 *W. J. DeLoe*

Licensed Embalmer No.....

P. O. Address.....

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.