

FILED JUN 10 1957

STANDARD CERTIFICATE OF DEATH

16887

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 91

S. 300
1-570
0560

1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN CUREALL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CUREALL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X X		Length of stay in lb 57 yrs.		d. STREET ADDRESS X X		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SAMMIE TARRY BENNETT				4. DATE OF DEATH Month Day Year 5-23-57			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-14-1899		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY X X		11. BIRTHPLACE (City and state or country) OZARK COUNTY, MO.,		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME J. O. BENNETT			13b. MOTHER'S MAIDEN NAME ELIZABETH ENDICOTT			14. NAME OF HUSBAND OR WIFE ELSIE BENNETT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X			16. SOCIAL SECURITY NO. YES		17. INFORMANT Address ELSIE BENNETT, CUREALL, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema						INTERVAL BETWEEN ONSET AND DEATH less than 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis							
DUE TO (c) Coro-dio-Vasculor Disease							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Contraction of Eye. 1949 -						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 17 May 1950 to 23 May 1957 and last saw him alive on 23-5-57 Death occurred at 9:35PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD			22b. ADDRESS West Plains - Mo.			22c. DATE SIGNED 30/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-25-57		23c. NAME OF CEMETERY OR CREMATORY CUREALL,		23d. LOCATION (City, town, or county) (State) CUREALL, MO.,	
24. FUNERAL DIRECTOR ROBERTSON FUNERAL HOME, WEST PLAINS, MO			25. DATE RECD. BY LOCAL REG. 6-4-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Signature of Student Embalmer

Signed *H. Roberts*

Licensed Embalmer No. *3423*
P.O. Address *West Ham*

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.