

FILED OCT 14 1957

STANDARD CERTIFICATE OF DEATH

31616

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY <u>Newcomb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Dora</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christa Lodge</u> Length of stay in 1b <u>9 hrs</u>		d. STREET ADDRESS (If outside, give location) <u>R 2 D</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>Bennett</u> Last <u>Bennett</u>			4. DATE OF DEATH Month <u>9</u> Day <u>26</u> Year <u>57</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-26-57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>West Plains Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>L.O. Bennett</u> 13b. MOTHER'S MAIDEN NAME <u>Imogene Davis</u>	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. <u>7605</u>		17. INFORMANT <u>L.O. Bennett</u> Address <u>Dora Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>marked vascular fragility</u> DUE TO (c) <u>Prematurity</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7605</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 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 <u>9/26/57 2:45 p.m.</u> to <u>9/26/57 9:00 p.m.</u> and last saw ^{her} him alive on <u>9/26/57</u> . Death occurred at <u>2:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M.L. Fowler M.D.</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>10/1/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>9-27-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunston</u>	
23d. LOCATION (City, town, or county) <u>Dora Mo</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Katherine Mrs. Lewis</u> ADDRESS <u>90-9-57</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-57</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 3437
P. O. Address Mrs. J. S. Roberts

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.