

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41052

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 137

Health, Welfare & Public Service

306
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BROOKFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL Length of stay in lb 8 YRS		d. STREET ADDRESS (If outside, give location) 518 MACON ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ELMER H. BENNETT			4. DATE OF DEATH Month Day Year NOV. 23, 1957			
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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 APR. 12, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING PAINTING	11. BIRTHPLACE (City and state or country) HELENA, MONT.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13. FATHER'S NAME WILLIAM G. BENNETT	14. MOTHER'S MAIDEN NAME MARY HILDEBRANDT
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 516-24-8373	17. INFORMANT MRS. ULIVIAN BENNETT, BROOKFIELD, MO
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC LEAD POISONING DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 48 HRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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.) 8859 46
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <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.) 658	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from NOV 22 to NOV 23 and last saw her alive on NOV 23 '57
Death occurred at 11:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gene J. Malone	(Degree or title)	22b. ADDRESS Brookfield, Mo.	22c. DATE SIGNED Nov 25
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 27, 1957	23c. NAME OF CEMETERY OR CREMATORY CALLAO CEM.	23d. LOCATION (City, town, or county) (State) CALLAO, MO.
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24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME, BROOKFIELD, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-26-57	26. REGISTRAR'S SIGNATURE Katharine Johnson Dep.
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DEC 4 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 *Harold B. Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield*

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.