

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47107
STATE FILE NUMBER

Registration District No. 369

Primary Registration District No. 6257

Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) Logan Township		c. CITY OR TOWN Patterson	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Abert Middle Joseph Last Bennett		4. DATE OF DEATH Month Dec. Day 10 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH July 17 1884
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	
11a. BIRTHPLACE (City and state or country) Wayne Co., Mo.		11b. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wash Phillip Bennett		13b. MOTHER'S MAIDEN NAME Ann Bennett	
14. NAME OF HUSBAND OR WIFE Divorced		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. D.K.		17. INFORMANT Elmer Paul Bennett	
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 Dilatation myocardium DUE TO (b) Asthma DUE TO (c) Asthma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241X		INTERVAL BETWEEN ONSET AND DEATH 2 months	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none	
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m. none		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION none	
20g. COUNTY none		20h. STATE none	
21. I attended the deceased from Mar 1957 to Dec 57 and last saw him alive on Dec 9th 1957 Death occurred at 7 pm Dec 14, 1957 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Berry Wable DO	
22b. ADDRESS Piedmont Mo		22c. DATE SIGNED 12-12-57	
23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	23b. DATE 12-13-57	23c. NAME OF CEMETERY OR CREMATORY Wood Cemetery	23d. LOCATION (City, town, or county) (State) Wayne Co. Mo.
24. FUNERAL DIRECTOR William C. Piedmont		25. DATE RECD. BY LOCAL REG. Dec. 30. 1957	
26. REGISTRAR'S SIGNATURE Hazel Ward			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED
JAN 2 - 1958
WAYNE CO. HEALTH CENTER
FILE No. _____

JAN 15 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 Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Redmont

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.