

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI 93125-57
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1958

STATE NO. 2140

Registration District No. 245 Primary Registration District No. 2001 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Newton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Newton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Joplin</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Joplin</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) <i>Rt # 4 Joplin</i>		Length of stay in lb <i>All Life</i>	d. STREET ADDRESS (If outside, give location) <i>Rt # 4</i>

3. NAME OF DECEASED (Type or print) First <i>David</i> Middle <i>Lee</i> Last <i>Bennett</i>			4. DATE OF DEATH Month <i>1</i> Day <i>4</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 30, 1957</i>	9. AGE (In years last birthday) <i>1</i> Months <i>4</i> Days <i>0</i> Hours <i>0</i> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Joplin, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Ray Edward Bennett</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Snow</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give date of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S Address <i>Ray Edward Bennett Rt # 4 Joplin Mo</i>
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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) <i>Cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>congenital malformation of heart</i>	
	DUE TO (c)	
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.)	
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 <i>Joplin</i>	COUNTY <i>Mo</i>	STATE <i>Mo</i>
21. I attended the deceased from <i>Nov 30 1957</i> to <i>Jan 4 1958</i> and last saw ^{her} him alive on <i>Dec. 26 1957</i> Death occurred at <i>530 A/m</i> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>John G. Roberts D.O.</i> (Degree or title)	22b. ADDRESS <i>P.O. Box 295 Seneca Mo.</i>	22c. DATE SIGNED <i>1-6-58</i>
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23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-7-1958</i>	23c. NAME OF CEMETERY OR CREMATOR <i>Osborne Mem. Park</i>	23d. LOCATION (City, town, or county) <i>Joplin Mo</i>	(State) <i>Mo</i>
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24. FUNERAL DIRECTOR <i>Thomhill-Dillon</i>	ADDRESS <i>Joplin Mo</i>	25. DATE RECD. BY LOCAL REG. <i>1-10-1958</i>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

RECEIVED

Newton

Health Officer No. _____

File Number 158-11

Date Filed JAN 13 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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Poplar Mo

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.