

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2536

STATE FILE NUMBER

FILED FEB 4 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Safe</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u>		Length of stay in 1b <u>5y, 10m, 7d</u>	d. STREET ADDRESS (If outside, give location) <u>-</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>NIEL</u> Middle <u>C.</u> Last <u>BENNETSEN</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>21</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-1875</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>High Gate, Mo.</u>		
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13. FATHER'S NAME <u>Chris Bennetsen</u>		14. MOTHER'S MAIDEN NAME <u>Maria Scobe</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT <u>Records, State Hospital #4, Farmington, 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>Inanition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 5 das.</u>
DUE TO (b) <u>Psychosis</u>		<u>Abt. 7 yrs.</u>
DUE TO (c) <u>Cerebral arteriosclerosis</u>		<u>Abt. 12 yrs.</u>
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"/> <u>2</u>

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.) <u>334X</u>		
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from March 14, 1952 to Jan. 21, 1958 and last saw ^{him} alive on Jan. 21, 1958.
Death occurred at 12:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>	22b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	22c. DATE SIGNED <u>1-21-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Gate Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>High Gate, Missouri</u>
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24. FUNERAL DIRECTOR <u>Jesse Gahr Funeral Home, St. James, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 21, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Paul H. Royal*
Licensed Embalmer No. *412*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.