

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013014  
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Logan Township</b>		c. CITY OR TOWN <b>Patterson</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>Near Entrance to Baker Bk</b>	
3. NAME OF DECEASED (Type or print) First <b>Noel</b> Middle <b>Alexander</b> Last <b>Bennett</b>		4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 12 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and state or country) <b>Wayne Co. Mo</b>
13a. FATHER'S NAME <b>F.M. Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Twidwell</b>	14. NAME OF HUSBAND OR WIFE <b>Cassie Ann Bennett</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Eugene Bennett</b> Address <b>Patterson, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage with a fatal stroke</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>March 5</b>	20f. CITY, TOWN, OR LOCATION <b>in March 5, 1958</b>	COUNTY STATE
21. I attended the deceased from <b>about 86</b> to <b>3:20 p.m.</b> and last saw her alive on <b>5th day before death</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <b>J. A. M. Daniel M.D.</b> (Degree or title)		22b. ADDRESS <b>Patterson Mo</b>	22c. DATE SIGNED <b>2-10-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/7/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wood</b>	23d. LOCATION (City, town, or county) (State) <b>Patterson Mo.</b>
24. FUNERAL DIRECTOR <b>William Coder Piedmont</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>Mar. 13, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Hayle Ward</b>

(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.

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 *Piedmont* .....

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.