

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021662

STATE FILE NUMBER

FILED JUN 24 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>WRIGTS Hosp.</b>		Inside Limits. Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Trenton</b> <sup>420</sup> <sub>4200</sub>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TRENTON Mo.</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>R. F. D. # 7</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>EARL E. Bennett</b>			4. DATE OF DEATH Month <b>June</b> Day <b>10</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 14, 1898</b>	9. AGE (In years, months, and days) <b>59</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>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>DAVIES County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Kidwell</b>		14. NAME OF HUSBAND OR WIFE <b>FERN Bennett</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>486-12-6824</b>	17. INFORMANT Address <b>Mrs. Carl Bennett, Trenton 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>Angina Pectoris</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>4202</b>
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 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 <b>Trenton Mo</b>	COUNTY _____ STATE _____
21. I attended the deceased from Death occurred at <b>Jes 24 1958</b> <b>8:00 AM</b>		and last saw her/him alive on <b>Jes 10th 1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Oliver F Duffy M.D.</b>		22b. ADDRESS <b>Trenton Mo</b>	22c. DATE SIGNED <b>Jes 14th 1958</b>

23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>June 12, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	23d. LOCATION (City, town, or country) (State) <b>Trenton, Mo.</b>
24. FUNERAL DIRECTOR <b>D. Gordon Blackburn</b>		25. DATE RECD. BY LOCAL REG. <b>6-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Frederic Jaur</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Claude H Crandall

Licensed Embalmer No. 4986

P. O. Address Junta, M

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.