

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022911  
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> OR TOWN <u>Moberly</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>928 Bond</u> HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>928 Bond</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>9 years.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>ROBERT ELMORE BENNETT</u>			4. DATE OF DEATH <u>June-28-1958</u>			
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>			
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH <u>Jan-27-1874</u>			
9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			10. AGE (In years last birthday) <u>84</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <u>Cairo Mo.</u>
13. FATHER'S NAME <u>Robert Phelps Bennett</u>			14. MOTHER'S MAIDEN NAME <u>Amanda Darby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Nyman Bennett</u> Address <u>Moberly Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>		<u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<u>6 mo.</u>	
DUE TO (b) <u>Chronic myocarditis</u>		<u>7</u>	
DUE TO (c) <u>Senility</u>		<u>4222</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.)	
20c. TIME OF INJURY Hour <u>9:30 P</u> Month, Day, Year <u>June 28 1958</u> 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 <u>Huntsville, MO</u> COUNTY STATE	

21. I attended the deceased from <u>June 1955</u> to <u>June 28 58</u> and last saw <u>him</u> alive on <u>June 28</u>	
Death occurred at <u>9:30 P</u> m on the date stated above; and to the best of my knowledge, I am the causes stated.	
22a. SIGNATURE <u>M. C. Easley D.O.</u> (Degree or title)	22b. ADDRESS <u>Huntsville, MO</u>
	22c. DATE SIGNED <u>6-30-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July-1-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly MO.</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> ADDRESS <u>Moberly, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-1-58</u>	26. REGISTRAR'S SIGNATURE <u>Deane Howe</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300-1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 17 1962

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.....

Licensed Embalmer No. 4-117

P. O. Address J. M. Carter

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