

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033277

STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 155 Primary Registration District No. 5577 Registrar's No. 165

300
1-57

190
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1. PLACE OF DEATH a. COUNTY <u>Wasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wasper</u>	
b. CITY (If outside corporate limits, give name of township) OR TOWN <u>Asbury Mo.</u>		c. CITY OR TOWN <u>Asbury Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
Length of stay in lb <u>10 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Harry B.</u> Middle <u>Bennett</u> Last			4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>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"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-24-1904</u>	9. AGE in years (Last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u> Hours <u>15</u> Min.	IF UNDER 24 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, such as retired) <u>Owner Telephone Co. Retired Tel Co</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Scammon, K's</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Terwater</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Bennett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Marie Bennett Asbury 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>Exsanguination</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Carcinomatosis</u>	
	DUE TO (c) <u>Primary adeno-carcinoma of pancreas</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"/>

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>157X</u>				
20c. TIME OF INJURY Hour <u>9:45P</u> Month, Day, Year							
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>Asbury</u>		COUNTY <u>Wasper</u>	STATE <u>Mo</u>

21. I attended the deceased from Nov. 1955 to Sept. 1958 and last saw him alive on Sept. 5, 1958
Death occurred at 9:45P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Testules</u> (Degree or title) <u>D. O.</u>		22b. ADDRESS <u>Carl Junction, Mo.</u>	22c. DATE SIGNED <u>9/9/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carl Jct. Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Carl Jct. Mo.</u>
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24. FUNERAL DIRECTOR <u>Don Roney - Carl Jct</u>	ADDRESS <u>Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 9 1959

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 *Clayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Well City*

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.