

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039408

STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 187

Dunklin

300
1-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. CITY OR TOWN Kennett Mo. 03520
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		Length of stay in 1b 38 Years	d. STREET ADDRESS (If outside, give location) 105 Harrison St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First James Middle Wesley Last Bennett			4. DATE OF DEATH Month Nov. Day 24 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31- 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 10 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Janitor	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Greenville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rance Bennett	13b. MOTHER'S MAIDEN NAME Mary Ward	14. NAME OF HUSBAND OR WIFE Pearl Bennett
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I	16. SOCIAL SECURITY NO. 495-22-2581	17. INFORMANT Pearl Bennett	Address 105 Harrison- Kennett
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brucellosis Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 3 wks
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)		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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
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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 Kennett	COUNTY Dunklin	STATE Mo.
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21. I attended the deceased from Aug 5 1958 to Nov 24 1958 Death occurred at About 9.30 A.M. on the date stated above; and to the best of my knowledge, from the cause stated. and last saw her alive on Nov 24, 1958

22a. SIGNATURE Dr. J. G. Williams M.D.	22b. ADDRESS Kennett Mo.	22c. DATE SIGNED 11-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-58	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) Kennett	(State) Mo.
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24. FUNERAL DIRECTOR Lentz Service	ADDRESS Kennett Mo.	25. DATE RECD. BY LOCAL REG. 11-28-1958	26. REGISTRAR'S SIGNATURE Carl H. Hushen
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 11 1958

DEC 11 1958

DEC 4 1958

COUNTY FILE NUMBER 1958-8

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 *Edgar F. Hill*

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.