

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018864

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 214

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Francois, Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Boonville, Missouri</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ester's N. Home</u>		Length of stay in lb <u>0946</u>	d. STREET ADDRESS (If outside, give location) <u>0</u>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Buchanan</u> Last <u>Bennett</u>			4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 15, 1869</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, if any specified) <u>Hired Ware Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary (Last name unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Belle Davis (deceased)</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Robert E. Bennett Fredericktown, Mo.</u>	Address
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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) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremia</u>		<u>5 days</u>
DUE TO (c) <u>Hypertensive Period</u>		<u>3 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>610X</u>		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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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	COUNTY	STATE
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21. I attended the deceased from <u>April 24, 1959</u> to <u>May 27, 1959</u> and last saw her ^{her} _{him} alive on <u>May 27, 1959</u> Death occurred at <u>11:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Stanley Os</u> (Degree or title) <u>2</u>	22b. ADDRESS <u>Farmington, Mo</u>	22c. DATE SIGNED <u>5/29/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>May 30, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Hollow</u>	23d. LOCATION (City, town, or county) <u>Fredericktown</u>	COUNTY <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>C. H. Gozean</u> ADDRESS <u>Farmington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 29 1959</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *C. Kozan*

Licensed Embalmer No. *4084*

P. O. Address *Ferrington*

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.