

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039464

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5308 Registrar's No. 166

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Colorado</u> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blackwater Twp.</u>		Length of stay in 1b <u>1 min.</u>		c. CITY OR TOWN <u>Rifle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3.7 miles West RT M.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>unknown</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>RALPH D. BENNETT JR.</u>				4. DATE OF DEATH Month Day Year <u>November 20, 1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (last birthday) <u>approx</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>3</u>	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		11. BIRTHPLACE (City and state or country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ralph D. Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Eileen Siefler</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT Address <u>personal papers of father</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>Fractured skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>trauma</u> DUE TO (c) <u>Auto wreck</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Auto wreck</u>			
20c. TIME OF INJURY <u>about 4:</u>	Hour <u>11</u>	Month, Day, Year <u>20 59</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Hwy 40</u>		20f. CITY, TOWN, OR LOCATION <u>3.7 miles W Route M</u>		COUNTY <u>Cooper</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>no attendance</u> and last saw her alive on _____ Death occurred at <u>about 4:10</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. DeLoe</u>				22b. ADDRESS <u>Boonville Mo</u>		22c. DATE SIGNED <u>11/20/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>11/20/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg, Mo.</u>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS <u>B. J. Thacher Boonville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11/20/59</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

REC 8 1959
JUN 21 1960

VS OCT 24 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 James S. Hutchinson

Licensed Embalmer No. 4092

P. O. Address Warrenburg, 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.