RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011635

FILED VS APR 7 1960

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 33

STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 142 S.W. Blv'd — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6th. & Branch — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle E. Last BENNETT

4. DATE OF DEATH Month April Day 1 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH February 5, 1875

9. AGE (last birthday) 85

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Watchman

10b. KIND OF BUSINESS OR INDUSTRY Farming - self employed

11. BIRTHPLACE (City and state or country) Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Wm Edward Bennett

13b. MOTHER'S MAIDEN NAME Matilda Mentzer

14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-24-3583

17. INFORMANT Mrs. George Welch Address Grand Is., Neb.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis and Cardio
DUE TO (c) Renal Vascular failure

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from after death to 4-2-60 and last saw her/him alive on never
Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Martin Mo Coroner

22b. ADDRESS Odessa Mo

22c. DATE SIGNED 4-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April 4 '60

23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery

23d. LOCATION (City, town, or county) (State) Lexington, Mo.

24. FUNERAL DIRECTOR Crunk-Walker ADDRESS Lexington, Mo.

25. DATE RECD. BY LOCAL REG. 4-2-60

26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER** APR 8 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold L Wack

Signature of Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lexington

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