

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031538

FILED VS AUG 23 1960

274

Registration District No. 2052

Primary Registration District No. 289

STATE FILE NUMBER

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Pettis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		a. STATE <i>Mo</i>		b. COUNTY <i>Pettis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hospital</i>		Length of stay in lb <i>3 months</i>		c. CITY OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <i>1000 Crescent Drive</i>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Irvin</i>		Middle <i>L.</i>		Last <i>Bennett</i>		Month <i>Aug</i> Day <i>18</i> Year <i>1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-21-1895</i>	9. AGE (last birthday) <i>64</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Construction</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>construction</i>		11. BIRTHPLACE (City and state of country) <i>Warsaw Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A</i>	
13a. FATHER'S NAME <i>Ed Bennett</i>			13b. MOTHER'S MAIDEN NAME <i>Carrie Harrison</i>			14. NAME OF HUSBAND OR WIFE <i>Virian Davis</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes</i>		16. SOCIAL SECURITY NO. <i>489-28-2912</i>		17. INFORMANT <i>Mrs Virian Bennett</i>		Address <i>1000 Crescent</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Carcinoma, left bronchus</i>						<i>6 1/2 mo.</i>	
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) <i>metastatic malignancy, type undetermined</i>						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 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.)			
20c. TIME OF INJURY Hour <i>6:05</i> Month, Day, Year <i>5-31-60</i>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
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		COUNTY STATE	
21. I attended the deceased from <i>5-31-60</i> to <i>8-18-60</i> and last saw her/him alive on <i>8-18-60</i> Death occurred at <i>6:05</i> <i>P.m</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Harold F. Daum, MD</i>				22b. ADDRESS <i>Sedalia, Missouri</i>		22c. DATE SIGNED <i>8-19-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8-20-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Highland Memorial Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>Sedalia Mo</i>	
24. FUNERAL DIRECTOR <i>McLaughlin Bros</i>			ADDRESS <i>Sedalia</i>		25. DATE RECD. BY LOCAL REG. <i>8/20/1960</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>

AUG 30 1960

STATEMENT BY LICENSED EMBALMER

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 _____
Signature of Student Embalmer

Signed K. P. McL...

Licensed Embalmer No. 3153

P. O. Address Sedalia

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