

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039905

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 158

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in 1b 3 yrs. 6mo. 23 days.	c. CITY OR TOWN Versailles Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital#3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Wiley Middle Edward Last Bennett			4. DATE OF DEATH Month 10 - Day 19 - Year 1961	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-20-1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R R. Employee	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Little Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Matthew Bennett	13b. MOTHER'S MAIDEN NAME Mary Frawley	14. NAME OF HUSBAND OR WIFE Telma Woodward
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Hospital Record	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Vascular Accident		5 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	Years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome Associated with Disease of Unknown or Uncertain Cause, Pick's Disease, with Psychotic Reaction.	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
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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. _____	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from **3-27-1958** to **10-19-1961** and last saw ^{her}him alive on **10-19-1961**
Death occurred at **4:55 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Hilda D. [Signature]</i>	22b. ADDRESS State Hospital#3, Nevada, Mo.	22c. DATE SIGNED 10-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-20-61	23c. NAME OF CEMETERY OR CREMATORY St Mary's	23d. LOCATION (City, town, or county) (State) Wagoner City Mo.
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24. FUNERAL DIRECTOR Melody McGilley & Eular	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov 1-1961	26. REGISTRAR'S SIGNATURE <i>Anna & Jerry</i>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUN 6 SA

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 *Roy C. McLeod*

Licensed Embalmer No. 4853

P. O. Address Florida, 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.