

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025820

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

32

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Mountain Grove

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

109 Bond St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE

Mo.

b. COUNTY

Wright

c. CITY  
OR TOWN

MACOMB

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First  
Eddie

Middle

EUGENE BENNETT

Last

4. DATE  
OF DEATH

Month

Day

Year

June 14 1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Sept. 25, 1961

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

8 11

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Springfield Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

EUGENE BENNETT

## 13b. MOTHER'S MAIDEN NAME

Joyce Mahurin

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

EUGENE BENNETT

## Address

MACOMB Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Multiple Skull Fractures

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

(b) Multiple Fractures Left Humerus

(c) Multiple Rib Fractures

## INTERVAL BETWEEN ONSET AND DEATH

87 minutes

"

"

## 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.

☐ Yes ☐ No ☐ Unknown19. 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.)

Run over by motorcycle.

20c. TIME OF INJURY

Hour

Month, Day, Year

5:35

p.m.

6-14-62

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.)

At home

20f. CITY, TOWN, OR LOCATION

Mountain Grove

COUNTY

Wright

STATE

Missouri

21. I attended the deceased from 5:42pm 6-14-62 to 5:54pm 6-14-62 last saw him alive on 6-14-62

Death occurred at 5:54 pm on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

Richard L. Mitchell

(Degree or title)

## 22b. ADDRESS

14th Grade Mo.

## 22c. DATE SIGNED

6-22-62

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

BURIAL

## 23b. DATE

June 16, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Ashley

## 23d. LOCATION (City, town, or county)

Wright County Mo.

## (State)

## 24. FUNERAL DIRECTOR

BERGMAN, Miller, Mansfield Mo.

## 25. DATE RECD. BY LOCAL REG.

6-22-1962

## 26. REGISTRAR'S SIGNATURE

Bernice L. Schermer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manofield 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.