

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032130

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

301

Primary Registration District No.

Registrar's No.

59

FILED AUG 24 1962

VS 300
Rev. 4/59

1 0910

2 0910

3

4 0

5 1

6

7 0

8 2

9 9103

10 11

11 091

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Ripley

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

Doniphan

Length of stay in 1b

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

Ripley Co Memorial Hosp.

Inside Limits
Yes ☒ No ☐

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

a. STATE

Mo.

b. COUNTY

Ripley

Inside Limits
Yes ☐ No ☒

c. CITY OR TOWN

Doniphan

d. STREET ADDRESS

Route 6

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First OSCAR

Middle Willie

Last Bennett

4. DATE OF DEATH

Month

Day

Year

Aug

15

1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married

Widowed ☐

8. DATE OF BIRTH

1-1-1919

9. AGE (last birthday)

43

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

TIMBER WORKER

10b. KIND OF BUSINESS OR INDUSTRY

SAWMILLING

11. BIRTHPLACE (City and state or country)

Ripley Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Will Bennett

13b. MOTHER'S MARRIAGE NAME

Ida Johnson

14. NAME OF HUSBAND OR WIFE

Ida Bennett

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.

491-16-2603

17. INFORMANT

Ida Bennett

18. ADDRESS

Doniphan 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)

Internal hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

45 min

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

DUE TO (b)

Rupture of spleen

45 min.

DUE TO (c)

External injury

45 min.

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 ☐ 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.)

tree fell on patient

20c. TIME OF INJURY

7:45 p.m.

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.)

woods

20f. CITY, TOWN, OR LOCATION

Ripley Co. Mo.

COUNTY

STATE

21. I attended the deceased from

8:30 AM

to

and last saw her

alive on

D.O.A.

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

22. SIGNATURE

Gene H. Leroux, M.D.

(Degree or title)

22b. ADDRESS

Doniphan, Mo.

22c. DATE SIGNED

8-20-62

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

BURIAL

23b. DATE

8-18-62

23c. NAME OF CEMETERY OR CREMATORY

OAK Ridge

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

Ripley Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Edwards Funeral Home Doniphan, Mo.

25. DATE RECD. BY LOCAL REG.

8-18-62

26. REGISTRAR'S SIGNATURE

Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 28 1962

SEP 7 1962

W

Permit issued 8-18-62 J.B.

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 Ronald Sloan

Licensed Embalmer No. 5127

P. O. Address Doniphan, 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.