

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-043359

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 99 Primary Registration District No. 5380 Registrar's No.

STATE FILE NUMBER

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY DEKALB		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hiway #36, 3 M. West, Stewartsville		c. CITY OR TOWN Bethany	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) R # 3	

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD ALFRED BENNETT			4. DATE OF DEATH Month Day Year 11-11-1963		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1-15-1902	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Harrison Co. Mo.	

13a. FATHER'S NAME William Bennett		13b. MOTHER'S MAIDEN NAME Belle Downey		14. NAME OF HUSBAND OR WIFE Madeline Bennett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2		16. SOCIAL SECURITY NO.		17. INFORMANT Fred Bennett, Bethany, 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) Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile and Truck Collision DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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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	
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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: 9:30 AM 11-11-1963 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.)	20f. CITY, TOWN, OR LOCATION Stewartsville, Dekalb Co. MO.	COUNTY STATE
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21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Brown Carson	22b. ADDRESS Maysville, Mo.	22c. DATE SIGNED 11-11-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-63	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Bethany, Mo.	(State)
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24. FUNERAL DIRECTOR W.E. Summerfield, Stewartsville, Mo.	25. DATE RECD. BY LOCAL REG. 11-13-63	26. REGISTRAR'S SIGNATURE Gertie E. Davidson
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 22 1964

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 Hear-Roberson, Bethany, Mo, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed W. J. Zimmerman

Licensed Embalmer No. 2007

P. O. Address Stewartville, 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.