

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31570**

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **299**

1. PLACE OF DEATH a. COUNTY HENRY b. CITY OR TOWN CLINTON c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL OSTEOPATHIC HOSP			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HENRY c. CITY OR TOWN CLINTON d. STREET ADDRESS 307 E. JEFFERSON		
3. NAME OF DECEASED a. (First) EDWIN b. (Middle) BRANTLEY c. (Last) BENNETT		4. DATE OF DEATH (Month) (Day) (Year) SEP 25 1957			
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH 7-25-88	9. AGE (In years) (Months) (Days) (Hours) (Min.) 69 2 9 - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) WINDSOR, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J.E. BENNETT			
13b. MOTHER'S MAIDEN NAME HINDS		14. NAME OF HUSBAND OR WIFE MRS. MINNIE 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. 491-40-1492		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Bennett Clinton Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, vascular collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) unknown cause		INTERVAL BETWEEN ONSET AND DEATH 2 hours 24 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-24-1957, to 9-24-1957, that I last saw the deceased alive on 9-24-1957, and that death occurred at 10:52 P.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arturo Gonzalez, D.O.		23b. ADDRESS 616 S. Second, Clinton		23c. DATE SIGNED 9-24-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-27-57		24c. NAME OF CEMETERY OR CREMATORY Laurel Oaks	
24d. LOCATION (City, town, or county) (State) Clinton MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHAMBERG FUNERAL HOME Clinton Mo			
DATE REC'D BY LOCAL REG. 9-26-57		REGISTRAR'S SIGNATURE Mildred Bigum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHAMBERG FUNERAL HOME Clinton Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

521-0

OCT 9 1957

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
Student Embalmer

Signed

F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.