

FILED NOV 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36286

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>1519</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>407 Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Marshall</u> c. (Last) <u>Bennett</u>				4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>31</u> (Year) <u>1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 12, 1869</u>	
9. AGE (in years last birthday) <u>83</u>		10. UNDER 1 YEAR <u>10</u> Months		11. UNDER 1 YEAR <u>19</u> Days		12. UNDER 1 MIN. <u>19</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Knob Lick, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Andrew Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Ellen Bennett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gordon Bennett</u>			
				ADDRESS <u>Monett, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and debilitation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatosis</u>				<u>3 months</u>			
DUE TO (c) <u>Carcinoma of Pancreas</u>				<u>6 months</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>10-29</u> , 19 <u>53</u> , to <u>10-31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-31</u> , 19 <u>53</u> , and that death occurred at <u>6:44 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Gregory</u>				23b. ADDRESS <u>624 W. Broadway St., Webb City Mo.</u>		23c. DATE SIGNED <u>11/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart</u>		24d. LOCATION (City, town, or county) (State) <u>Southeast of Purdy, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-5-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Harrington Monett Mo</u>			

(Licensed Emballer's Statement on Reverse Side)

RECEIVED NOV 9 1953

Jasper County Health Office

County File Number 53-11-898

Date Filed NOV 9 1953

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

G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Passville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.