

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
346

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

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BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>346</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>			c. LENGTH OF STAY (in this place) <u>2 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>			39 0 0 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>College Street</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>David</u>	b. (Middle) <u>S</u>	c. (Last) <u>Bennett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4, 1905</u>	9. AGE (In years last birthday) <u>43</u>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware Retail</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William P Bennett</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Moody</u>		14. NAME OF HUSBAND OR WIFE <u>Ilene 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ilene Bennett, Republic, Missouri</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>Nonleukonephritis chronic c azotemia!</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)					
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? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>Jan 19, 1949</u> , to <u>April 1949</u> , that I last saw the deceased alive on <u>4-16-49</u> and that death occurred at <u>10:30 Pm</u> from the cause and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>F. R. ...</u>				23b. ADDRESS <u>Republic, Mo</u>		23c. DATE SIGNED <u>4-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West of Springfield, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4/20/49</u>		REGISTRAR'S SIGNATURE <u>W E Handley ad III</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>					

MAR 22 1950

MAR 23 1950

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.

Signed
Student Embalmer

Signed

Jewel E. Kindle

Licensed Embalmer No. *2831*

P. O. Address

Springfield

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.