

S. No. 300  
V. 10.48  
0050

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Salyer*  
State File No. 43980

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>5051</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</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 town) <u>Rural (Mountain)</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Mountain)</u>		<u>0050</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Albert</u> c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-1950</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>12-29-1879</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Bennett</u>			13b. MOTHER'S MAIDEN NAME <u>Rosa Cookston</u>			14. NAME OF HUSBAND OR WIFE <u>Telitha Bennett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Brooks-Cape Fair, Mo.</u> ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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>331x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</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? _____				
22. I hereby certify that I attended the deceased from <u>Jan 4 1950</u> , to <u>June 10 1950</u> , that I last saw the deceased alive on <u>June 10 1950</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Glen M. Salyer M.D.</u> (Degree or title)				23b. ADDRESS <u>Cassville Mo.</u>		23c. DATE SIGNED <u>June 29 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-9-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Helen Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen M. Salyer</u> ADDRESS <u>Cassville Mo.</u>				

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED, APR 14 1951

Dist. File 437-289

Date Filed 4-14-51

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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 Glin D. Willard

Licensed Embalmer No. 4651

P. O. Address Cassville 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.