

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3466

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Kodrsstine</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Mo. Salt Works</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> <u>0972</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>680 West Morgan</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Accident on Highway 65, 5 miles south of Marshall</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Henry</u> c. (Last) <u>Bennett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20-51</u>
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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>Jan. 30-1926</u>	9. AGE (In years last birthday) <u>24</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Lineman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.E.A. Work</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Ward</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret M. Bennett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>	16. SOCIAL SECURITY NO. <u>488-28-6441</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert Bennett-Marshall Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>88248</u> <u>32</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull by</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>truck fell from truck</u> DUE TO (c) <u>and was run over by rear truck wheel</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>5 Miles S. of Marshall</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 20 1951 4:30 m</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from truck. Rear wheel ran over head</u>
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22. I hereby certify that I attended the deceased from Jan 20 to Jan 20, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Lowless, Coroner Saline Co.</u>	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>1-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem. Marshall, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>Jan 22-1951</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Sumner Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1970
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RECEIVED 1-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-29-51

MAR 19 1951

MAR 21 1951

MAR 29 1951

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 J Leslie Sweeney
Licensed Embalmer No. 8235

P. O. Address Marshall, 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.