

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38417**

FILED NOV 24 1952
BIRTH NO. **49984** REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **127**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany 0411	
c. LENGTH OF STAY (in this place) 2 Months		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) LEE c. (Last) BENNETT			4. DATE OF DEATH (Month) (Day) (Year) NOV 15, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Sept. 8, 1952	9. AGE (In years last birthday) 2	IF UNDER 14 HRS. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bethany, Mo.	12. CITIZEN OF WHAT COUNTRY? 0	

13a. FATHER'S NAME Wilbur Bennett	13b. MOTHER'S MAIDEN NAME Mary Lou Carnahan	14. NAME OF HUSBAND OR WIFE 0
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mary Lou Bennett	ADDRESS Bethany, Mo
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation accidental		
	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 while asleep, slipped completely under cover. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E 9240 041 18	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bed at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bethany Harrison Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 15, 1952 11:24 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? suffocated under bed covers.

22. I hereby certify that I attended the deceased from **Nov 13, 1952**, to **Nov 15, 1952**, that I last saw the deceased alive on **Nov 15, 1952**, and that death occurred at **6 A.** m., from the causes and on the date stated above.

23a. SIGNATURE C. M. Pimpot (Degree or title) D.O.	23b. ADDRESS Bethany Mo	23c. DATE SIGNED Nov 15, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Monson	24d. LOCATION (City, town, or county) (State) Bethany, Mo.
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DATE REC'D BY LOCAL REG. 11/17/52	REGISTRAR'S SIGNATURE Zola Burris	11-0	25. FUNERAL DIRECTOR'S SIGNATURE Clara L. Coates	ADDRESS Bethany, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clark L. Touch

Licensed Embalmer No. 4831

P. O. Address Bethany, Md

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.