

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1953

State File No. **19129**
4557
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River 0942	
c. LENGTH OF STAY (In this place) 27 Days		d. STREET ADDRESS (If rural, give location) 221 Houser Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnard Free Skin & Cancer Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) J.	c. (Last) Bennett	4. DATE OF DEATH (Month) (Day) (Year)
				5 4 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-21-1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maint. Man	10b. KIND OF BUSINESS OR INDUSTRY St. Josephs Lead	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Franklin Bennett	13b. MOTHER'S MAIDEN NAME Ann Elizabeth Whitmire	14. NAME OF HUSBAND OR WIFE Rosannah Jane Bennett
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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) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Hospital Record - Barnard Hospital	ADDRESS Hospital Record - Barnard Hospital
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 10 yrs. 4 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia hypostatic.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Ca of Lower Hip.		
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"/>
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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.)	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? 4500 H

22. I hereby certify that I attended the deceased from **April 8, 1953**, to **May 4, 1953** that I last saw the deceased alive on **May 4, 1953**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS M.D. Barnard Hospital - St. Louis, Mo.	23c. DATE SIGNED 5-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-4-53	24c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial	24d. LOCATION (City, town, or county) (State) Flat River, Mo.
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DATE REC'D BY LOCAL REG. MAY 5 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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AUG 4 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.....
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Elton H. Penelick

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.