

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 67

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) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 7</u> <span style="float: right;"><u>2390</u> <u>1</u></span>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>P.</u> c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1954</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>Widowed</u>	8. DATE OF BIRTH <u>November 14, 1869</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bois D'Arc, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>S. K. Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth C. Brower</u>		14. NAME OF HUSBAND OR WIFE <u>Alice 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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Jones</u>		ADDRESS <u>Springfield, 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</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.		-					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 12 Jan, 1954, to 18 Jan, 1954, that I last saw the deceased alive on 18 Jan, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Charles S. Peterson M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>20 Jan 54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 20, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>1-21-54</u>		REGISTRAR'S SIGNATURE <u>Earle Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharof Funeral Home, Inc.</u>		ADDRESS <u>Springfield, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *L. Asher Johnson*

Licensed Embalmer No. *317*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.