

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26792
State File No. 777

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 777

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|--|--|---|---|--|--|
| 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) <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>3 weeks</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u> | | d. STREET ADDRESS (If rural, give location) <u>826 E. Elm</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u> | | | 0246 | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>W.</u> c. (Last) <u>Bennett</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 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 24, 1881</u> | | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>72 8 21</u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician M.D.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>W. P. Bennett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alice Mooney</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pearl I. 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>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. W. Jones Springfield,</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 Mo. | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | DUPLICATE OF (b) <u>Arteriosclerotic Vascular Disease</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUPLICATE OF (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | _____ | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221</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) (Min.) _____ | | 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 28 July, 1954, to 19 August, 1954, that I last saw the deceased alive on 19 August, 1954, and that death occurred at 1:15 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Stanley J. Peterson M.D.</u> | | 23b. ADDRESS <u>Springfield, Missouri</u> | | 23c. DATE SIGNED <u>19 Aug 54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>August 23, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | | |
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| DATE REC'D BY LOCAL REG. <u>8-20-54</u> | REGISTRAR'S SIGNATURE <u>Wm. Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</u> | | |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1958

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 L. Archie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.