No. 300
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FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32222

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Columbia
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mi. E. 4. Mi. S. Columbia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: McBaine
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. #1

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3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): M.
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May. 27, 1926
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. H. Bennett
13b. MOTHER'S MAIDEN NAME: Mary Davis
14. NAME OF HUSBAND OR WIFE: - - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW11
16. SOCIAL SECURITY NO.: 495-34-3533
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mary Bennett, McBaine, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Motor Vehicle Casualty — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County road
21c. ~~(CITY, TOWN, OR~~ TOWNSHIP) 010 (COUNTY) (STATE): Columbia, Boone, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 14, 55 11 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Loaded truck crashed into tree

22. *I hereby certify that I attended the deceased from* Coroner's Case, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Johnson Neal, M.D.
23b. ADDRESS: Columbia, Mo.
23c. DATE SIGNED: Oct. 20, 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/21/1955
24c. NAME OF CEMETERY OR CREMATORY: New Liberty
24d. LOCATION (City, town, or county) (State): Ashland, Mo.

DATE REC'D BY LOCAL REG.: Oct. 21 1955
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31-
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Lyman J Hamble, Memorial Funeral Home, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1955

OCT 27 1955

FEB 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyman W. Spenkle

Licensed Embalmer No. 401

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.