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Dr. W. Wasserschheid

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14013

State File No. ....

FILED APR 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>MISSOURI</u> - b. COUNTY <u>MARION</u>	
b. CITY OR TOWN <u>HANNIBAL</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>HANNIBAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1259 Broadway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENNETT</u> b. (Middle) <u>A.</u> c. (Last) <u>CHRISTENSEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-1956</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>Divorced</u>	8. DATE OF BIRTH <u>August 3, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Retired R.R. Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Oakwood Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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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>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Wm Clayella</u> ADDRESS <u>Oakwood 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, ashenia, 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>Cerebral malaria</u>		
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cag cancer</u> 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>161x</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) <u>Hannibal Marion Mo.</u>
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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 4/10/56, 1956, to 4/11/56, 1956, that I last saw the deceased alive on 4/10/56, 1956, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Wasserschheid M.D.</u>	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>4/16/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-16-56 Burial</u>	24b. DATE <u>4-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/17/56</u>	REGISTRAR'S SIGNATURE <u>W. B. Lucke By H. O. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. O'Donnell</u> ADDRESS <u>Hannibal Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

89-0

APR 26 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 26 1956

APR 27 1956

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..... *H. M. O'Donnell*

Licensed Embalmer No... 388

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