

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41025
STATE FILE NUMBER

FILED JAN 10 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in lb 2 days		d. STREET ADDRESS 211 Ash		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle HOLLIS Last AYERS				4. DATE OF DEATH Month Dec. Day 24 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 29-1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Month 10 Day 25 Hours Min. 	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Campbell, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Sarah Hopkins			
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. None	17. INFORMANT Ada Daffron Address 8613 Airport Rd. Barkley Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangled gangrenous small bowel Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Food Hammer left DUE TO (c) strangulation - 1						INTERVAL BETWEEN ONSET AND DEATH years 1 1/2 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5611				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Campbell			COUNTY Missouri STATE Missouri
21. I attended the deceased from Dec 22, 1956 to Dec 24, 1956 and last saw him alive on Dec 24, 1956 Death occurred at 9:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul C. Wittenberger M.D.				22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 1-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 26 1956	23c. NAME OF CEMETERY OR CREMATORY Racky Hill Cemetery		23d. LOCATION (City, town, or county) (State) Campbell Missouri		
24. FUNERAL DIRECTOR Landess Funeral Home Campbell, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 3-1957	26. REGISTRAR'S SIGNATURE Paul Husband	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-8-57

COUNTY FILE NUMBER 157-

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 Christina M. Lardner

Licensed Embalmer No. 42

P. O. Address Camp

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