FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41041
STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): RURAL--COTTON HILL — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1 mile S. of MALDEN — Length of stay in Institution: 30 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: OKLAHOMA b. COUNTY: GRADY
c. CITY OR TOWN: CHICKASHA — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 728 S 4th — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN Middle: HENRY (David) Last: BENNETT

4. DATE OF DEATH Month Day Year: DEC. 6, 1956

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: FEB. 26, 1937 **9. AGE** (In years last birthday): 19 — 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): TRUCKER
10b. KIND OF BUSINESS OR INDUSTRY: TRUCKING BUSINESS
11. BIRTHPLACE (City and state or country): NEAR DUNCAN, Okla
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BEN BENNETT
14. MOTHER'S MAIDEN NAME: MARY LEONA CAMERON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Emma Fay Bennett, 728 S. 4th — Address: CHICKASHA OKLAHOMA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Basilar Fracture of Skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): automobile wreck
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G E Mondaden M.D.
22b. ADDRESS: Malden, Missouri
22c. DATE SIGNED: 12-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-10-56
23c. NAME OF CEMETERY OR CREMATORY: Fairlawn Cemetery
23d. LOCATION (City, town, or county) (State): Chickasha Oklahoma

24. FUNERAL DIRECTOR ADDRESS: CHICKASHA FUNERAL HOME, Chickasha, Oklahoma
25. DATE RECD. BY LOCAL REG.: 12-15-56
26. REGISTRAR'S SIGNATURE: J. D. Schumann

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 12-17-

COUNTY FILE NUMBER 12

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. R. Schaum

Licensed Embalmer No. 4

P. O. Address Morl

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.