

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **9335**

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>3040</b>		Registrar's No. <b>82</b>	
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>			
b. CITY OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Chillicothe</b>		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 <b>Susan's Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>423 Clay St. 05920</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charley</b>		b. (Middle) <b>Bennett</b>		c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 10 57</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Oct. 3, 1873</b>	
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired teacher</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George W. Smith</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Bennett</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H. D. Miller Chillicothe, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> 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. <b>Scrotal Tumor</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>Sept 1954</b> , to <b>March 10, 1957</b> , that I last saw the deceased alive on <b>March 9, 1957</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M. E. Bennett D.O.</b>		23b. ADDRESS <b>Chillicothe</b>		23c. DATE SIGNED <b>3/11/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-12-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anderson</b>		24d. LOCATION (City, town, or county) (State) <b>Livingston Co. MO</b>	
DATE REC'D BY LOCAL REG. <b>3/11/57</b>		REGISTRAR'S SIGNATURE <b>Francis B. Neill</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>			

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

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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 *Elton J. Newman*.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, I.....

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.