

Health, Welfare
Public Service

000
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI				STANDARD CERTIFICATE OF DEATH			
FILED AUG 5 1957		REGISTRATION DISTRICT NO. 138		PRIMARY REGISTRATION DISTRICT NO. 2000		REGISTRAR'S NO. 766	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 1826 W. CHESTNUT		Length of stay in lb 1 WEEK		d. STREET ADDRESS 1826 W. CHESTNUT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BESSIE Middle SARAH Last BENNETT				4. DATE OF DEATH July 30, 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. - , 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) BURR OAK, KAN.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOSHUA DOBBINS		13b. MOTHER'S MAIDEN NAME MARY HOCKETT		14. NAME OF HUSBAND OR WIFE C.E. HARVEY, DEC'D			
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 Address SPRINGFIELD, MO. A.L. HARVEY, 1826 W. CHESTNUT,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200						INTERVAL BETWEEN ONSET AND DEATH 2-3 months Unknown	
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5-57 to 7-30-57 and last saw her alive on 7-27-57 Death occurred at 5¹⁰ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George L. Johnson MD (Degree or title)				22b. ADDRESS Springfield Mo		22c. DATE SIGNED 7-30-57	
23b. DATE 8-1-57		23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		23d. LOCATION (City, town, or county) JOPLIN, Mo.		(State)	
24. FUNERAL DIRECTOR Steve Parker mortuary		ADDRESS Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 7-30-57		26. REGISTRAR'S SIGNATURE Edith Williams	

(Licensed Embalmer's Statement on Reverse Side)

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 *J.M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin, 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.