

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012914  
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 129 Primary Registration District No. 2000 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b> 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA St. John's Hps.</b> Length of stay in lb <b>7 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>674 S. Hampton</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>YANCY</b> Middle <b>FRANK</b> Last <b>BENNETT</b>			4. DATE OF DEATH Month <b>April</b> Day <b>18</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1917</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Salesman</b>	11. BIRTHPLACE (City and state or country) <b>Floydada, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Claude Bennett</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Rhodes</b>	14. NAME OF HUSBAND OR WIFE <b>Juanita Bennett</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes World War #2</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Juanita Bennett, Springfield, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gun shot Wound in head</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
DUE TO (b) _____		
DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>HE WAS SITTING IN CHAIR IN HIS LIVING ROOM. HIS WIFE UP STAIRS HEARD A SHOT. FOUND HIM SLUMPED IN CHAIR WITH .45 CAL. AUTOMATIC PISTOL IN HIS RIGHT HAND IN HIS LAP. SHOT IN RIGHT TEMPLE EXITED LEFT TEMPLE.</b>
20c. TIME OF INJURY <b>5:20 a.m. APR. 18, 1959</b>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, Missouri</b>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **Approx. 5:20 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Ralph H. Thieme</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>April 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/18/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mayfield Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mayfield, Kentucky</b>
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24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-23-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57  
3

JUN 24 1958

6561 9-1051

VS FEB 24 1968

MAR 5 1968

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 *Leo Mason* .....

Licensed Embalmer No. 4568 .....

P. O. Address.....Springfield, 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.