

**FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE**

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-039195**

**FILED VS OCT 28 1960**

STATE FILE NUMBER

Registration District No. 367 Primary Registration District No. 3049 Registrar's No. 171

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in 1b	c. CITY OR TOWN <u>Hayti</u>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Compress Quarters</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Compress Quarters</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Geneva Ann Bennett</u>			4. DATE OF DEATH Month Day Year <u>October 14 1960</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-60</u>	9. AGE (last birthday) <u>0</u>	IF UNDER 1 YEAR Months Days <u>0 24</u>	IF UNDER 24 HR Hours Min. <u>0 24</u>
-------------------------	----------------------------------	---	------------------------------------	------------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Robert Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Mae Falls</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Robert Bennett, Hayti, Mo</u>	Address
---	--	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
IMMEDIATE CAUSE (a)	<u>upper respiratory infection</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>bronchopneumonia 2 1/2 hrs.</u>	
DUE TO (b)	<u>wild foxglove of mother</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	---	--	------------------------------	--------	-------

21. I attended the deceased from <u>9-20-60</u> to <u>10-14-60</u> and last saw her/him alive on <u>10-13-60</u> Death occurred at <u>10-14-60 11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE (Degree or title) <u>Charlotte E. Sloan</u>	22b. ADDRESS <u>MD Hayti, Mo.</u>	22c. DATE SIGNED
---	--------------------------------------	------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Federal Compress</u>	23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
--	------------------------------	---	--

24. FUNERAL DIRECTOR <u>Robert Bennett, Hayti, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-24-60</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>
---	---------	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*not embalmed*

Signed \_\_\_\_\_

*John W German*

Licensed Embalmer No. 4255

P. O. Address Hayti, N

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.