

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19046

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5318</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>Daviness</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviness</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coffey, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coffey</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Nellie</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Bennum</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>6</u>		(Year) <u>1949</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 18, 1878</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 1 YEAR Days <u>18</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u></u>								
13a. FATHER'S NAME <u>Scott Keown</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Rosy</u>			14. NAME OF HUSBAND OR WIFE <u>E.J. Bennum</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.J. Bennum, Coffey, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Coffey Daviness Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>				
22. I hereby certify that I attended the deceased from <u>Dec 1948</u> , to <u>June 6, 1949</u> , that I last saw the deceased alive on <u>June 6, 1949</u> , and that death occurred at <u>3:11 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Baumgardner M.D.</u>				23b. ADDRESS <u>Coffey, Mo.</u>		23c. DATE SIGNED <u>6/7/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Coffey Mo</u>		
DATE REC'D BY LOCAL REG. <u>20 June 1949</u>		REGISTRAR'S SIGNATURE <u>Regina M Engelhardt</u>		FUNERAL DIRECTOR'S SIGNATURE <u>81 Homer</u>		ADDRESS <u>General Home Pattonburg Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4831
00



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. 484

working under my personal supervision.

Signed Neil R. Dawson
Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 3960

P. O. Address Waynesville 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 this body is not embalmed, fact should be so stated above.