

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32810

State File No.

FILED OCT 11 1949

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ripon Wash.</u>		c. LENGTH OF STAY (in this place) <u>36-6-1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Statesbury</u>		108	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #20</u>				d. STREET ADDRESS (If rural, give location) <u>L</u>			
3. NAME OF DECEASED a. (First) <u>ELISHA</u> b. (Middle) <u>BENNETT</u> c. (Last) <u>DE WITT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10-3-49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10-16-1870</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Bennett De Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Betsy Jane Tate</u>		14. NAME OF HUSBAND OR WIFE <u>Angie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u> ADDRESS <u>Neub</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>4221</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		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></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>9-29</u> , 19 <u>49</u> , to <u>10-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Hall</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Statesbury Mo</u>		23c. DATE SIGNED <u>10-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon County</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 4-49</u>		REGISTRAR'S SIGNATURE <u>Rathbone H. Yarbrough</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u> ADDRESS <u>Neub, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 9-49-1198
Date Filed 10-12-49

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
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Newada, 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.