

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36142

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4532		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Bennett		c. (Last) Bennett			
4. DATE OF DEATH		(Month) Oct		(Day) 21		(Year) 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 2, 1874			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (State or foreign country) Woodville, Missouri		12. CITIZEN OF WHAT COUNTRY? U S			
13a. FATHER'S NAME John Hughes		13b. MOTHER'S MAIDEN NAME Sarah French		14. NAME OF HUSBAND OR WIFE Bert Bennett					
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.		17. INFORMANT'S SIGNATURE OR NAME Mr. R. E. Mann					
				ADDRESS Proctor, Oklahoma					
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Not known 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 1, 1949, to Oct 23, 1949, that I last saw the deceased alive on Oct 23, 1949, and that death occurred at 10:30A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M D		23b. ADDRESS Mountain Grove, Mo.		23c. DATE SIGNED 24 Oct 1949					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-23-49		24c. NAME OF CEMETERY OR CREMATORY Hill Crest		24d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri			
DATE REC'D BY LOCAL REG. 10-25-49		REGISTRAR'S SIGNATURE G. C. Barnes, Reg. 348		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grable-Windle Mountain Grove, Mo.					

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

RECEIVED OCT 31 1949
District Health Office No. 6,
District File Number 1049-1187
Date Filed 10-31-49

NOV 7 1949

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 Frank Shable

Licensed Embalmer No. 4140

P. O. Address Intn Shave

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.