

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5184

Registrar's No. 23

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5576

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Duval Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 618 North Hall St.	
c. LENGTH OF STAY (In this place) 2dys		d. STREET ADDRESS (If rural, give location) Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Rt 2			

3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) ELIZABETH c. (Last) BENNETT			4. DATE OF DEATH February 8, 1950 (Month) (Day) (Year)		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 27, 1867		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months 4 Days 11		11. IF UNDER 1 RES. Hours 0 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James Maness		13b. MOTHER'S MAIDEN NAME Tisha Mees		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Guv Bennett, Jasper Rt 2		ADDRESS Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza pneumonia</u> ANTECEDENT CAUSES <u>Arterio sclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min)		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 Feb 3, 1950 to Feb 8, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death, occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE R.M. Stormont, M.D. (Degree or title)		23b. ADDRESS Webb City Mo		23c. DATE SIGNED Feb 8 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 10/50		24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
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DATE REC'D BY LOCAL REG. Feb 10/50		REGISTRAR'S SIGNATURE R.L. Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE H.C. Lewis		ADDRESS Webb City Missouri	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 2-18-50  
Jasper County Health Office

County File Number 50-1-78

Date Filed 2-23-50

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.