

No. 300  
10-48

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9707

State File No. ....

BIRTH NO. .... REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>410 N. 2nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 N. 2nd. Street</u>		e. STREET ADDRESS <u>410 N. 2nd Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCILLE</u>	b. (Middle) <u>MARY</u>	c. (Last) <u>BENNETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr; 23 1904</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sewing Machine Opr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sewing Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Browning, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Walter Sayers</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-32-3929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lois Ham Wellsville Mo</u>	ADDRESS <u></u>
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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, ashenia; etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Transverse Colon with metastasis to liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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. _____		

19a. DATE OF OPERATION <u>Dec 5, 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Transverse Colon, metastasis to liver</u>	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 3, 1949, to 3/7, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 3:50 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Wellsville Mo</u>	23c. DATE SIGNED <u>3/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Browning, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/8/50</u>	REGISTRAR'S SIGNATURE <u>W. S. Roman Jr.</u>	425	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wellsville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 13 1950  
District Health Officer No. 9

PS APR 7 1950

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1588

P. O. Address Kellerville 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.