

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11792

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 119	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Adair		b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		a. STATE Missouri		b. COUNTY Linn	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Browning		Rural 0580			
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hosp				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Ora		b. (Middle) A		c. (Last) Bennett		Month 5 Day 2 Year 50	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 28 1879		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Issac H Bennett			13b. MOTHER'S MAIDEN NAME Mariah Mundell			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME Ray Bennett		ADDRESS Browning Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				II. OTHER SIGNIFICANT CONDITIONS Adenocarcinoma of rectum			20 min
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			154 X
19a. DATE OF OPERATION 4-25-50				19b. MAJOR FINDINGS OF OPERATION Single stage abdomino-perineal excision of sigmoid, rectum and anus			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-10-50, 19, to 5-2-50, 19, that I last saw the deceased alive on 5-1-50, 19, and that death occurred at 5:18 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Haegele, M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 5-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 2 1950		24c. NAME OF CEMETERY OR CREMATORY Dryridge		24d. LOCATION (City, town, or county) (State) Browning Mo.	
DATE REC'D BY LOCAL REG. 5-3-50		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wade Funeral Home Browning MO			

(Licensed Embalmer's Statement on Reverse Side) Wade Funeral Home

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

No. 300
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