

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12443

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>214</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (In this place) <u>67</u> yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem, Mo.</u>		0331	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart's Clinic Salem, Mo.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Grace</u>		b. (Middle) <u>Leona</u>		c. (Last) <u>Love Bennett</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>8</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 27, 1882</u>		9. AGE (In years has birthday) <u>66</u> Months <u>4</u> Days <u>11</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Salem, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Riley Love</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hodges</u>		14. NAME OF HUSBAND OR WIFE <u>B.B. Bennett</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 ADDRESS <u>Edward Bennett Salem, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</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.  331X				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u>	
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 <u>7-14-</u> , 19 <u>49</u> , to <u>4-8-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-8-</u> , 19 <u>50</u> , and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. M. Hart</u> (Degree or title)		23b. ADDRESS <u>Salem, Missouri.</u>		23c. DATE SIGNED <u>4-10-50.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Grantham</u>		ADDRESS <u>Salem, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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



RECEIVED 4-17-50  
District Health Officer No. 5,  
District File Number 4-50240  
Date Filed 4-20-50

MAY 1 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.

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

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.