

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17465

State File No. \_\_\_\_\_

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 342 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>415 Saline St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>415 Saline St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>—</u> c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>	
8. DATE OF BIRTH <u>Oct. 12, 1871</u>		9. AGE (In years last birthday) <u>78</u>		if UNDER 1 YEAR: Months <u>6</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bollinger Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Bennett (deceased)</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O.C. Wulfort Fredericktown, Mo.</u>	

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) <u>Cerebral Arterio Sclerosis</u>		DUE TO (b) _____				_____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infected Kidney</u>		_____				_____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

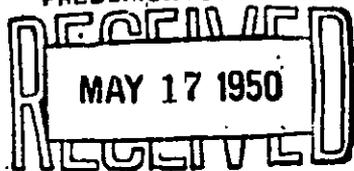
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1946, to May 2, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Slaughter M.D.</u>		23b. ADDRESS <u>135 W Main Fredericktown Mo</u>		23c. DATE SIGNED <u>May 4 '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rhode's Chapel Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5-10-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Decker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb-Adams - Fredericktown, Mo.</u>	
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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No: 550-1

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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 L. Pelican Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.