

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23792

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 120

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Carthage

c. LENGTH OF STAY (in this place) 5 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri b. COUNTY Jasper

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0490

d. STREET ADDRESS (If rural, give location) Route 4

3. NAME OF DECEASED (Type or Print)

a. (First) DELLA b. (Middle) MAY c. (Last) BENNETT

4. DATE OF DEATH (Month) (Day) (Year) July 9, 1950

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Oct 17, 1867 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 8 IF UNDER 4 HRS. Days 12 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY - - - - -

11. BIRTHPLACE (State or foreign country) Salttillo, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Freed

13b. MOTHER'S MAIDEN NAME Josephine Walters

14. NAME OF HUSBAND OR WIFE John Alvin Bennett

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. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. L. M. Hamilton ADDRESS 304 E. 5th, Fulton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) traumatic shock

INTERVAL BETWEEN ONSET AND DEATH 5 hours

\*This does not mean the mode of dying, such as heart failure, ashenia, 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. DUE TO (b) 1st, 2nd, 3rd degree burns 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 \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE suicide (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rte 4 Jasper Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 9 1950 11a.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR poured gas on clothes and set afire

22. I hereby certify that I attended the deceased from July 9, 1950, to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 5:40p. m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Baker (Type or Print)

23b. ADDRESS Carthage Mo

23c. DATE SIGNED 7-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 11, 1950

24c. NAME OF CEMETERY OR CREMATORY Park Cemetery

24d. LOCATION (City, town, or county) (State) Carthage, Mo.

DATE REC'D BY LOCAL REG. 7-10-50

REGISTRAR'S SIGNATURE L. B. Clinton, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.

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

493

RECEIVED 7-17-50

Jasper County Health Office

County File Number 50-6-529

Date Filed 7-17-50

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 Frank W. Kwell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.