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

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED APR 2 1951

State File No. 9637

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5983		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY <u>POLASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>INDIANA</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAYNESVILLE</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALEM</u>		8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Sup.</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CAROL</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Bennett</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>Feb 17, 1922</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>29</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	
13a. FATHER'S NAME <u>Clifford E. Meyers</u>		13b. MOTHER'S MAIDEN NAME <u>OFA</u>		14. NAME OF HUSBAND OR WIFE <u>James R. Bennett</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES R. Bennett</u> ADDRESS <u>Richland, 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>Fractured Skull</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>dislocated left Shoulder</u> 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>  8868234 32	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Away 66 - 7 mile</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Waynesville Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH 21, 1951 9 A. m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CAR ACCIDENT ROR</u>					
22. I hereby certify that I attended the deceased from <u>on March 21, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy Junior Hedge Coimer 3</u>				23b. ADDRESS <u>Crocker, Mo</u>		23c. DATE SIGNED <u>3/22/51</u>	
24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>SALEM INDIANA</u>	
DATE REC'D BY LOCAL REG. <u>3-26-51</u>		REGISTRAR'S SIGNATURE <u>Helma C. Buckhard</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u>		ADDRESS <u>Crocker, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-26-51  
Pulaski County Health Officer  
File Number 3-26-51  
Date Filed APR 24 1951

### 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

*Walter P. Hedges*

Licensed Embalmer No. *14265*

P. O. Address *Iberia, 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.