

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34175

State File No.

537
0

FILED OCT 16 1951

| | | | | | | | | |
|---|--|--|-----------------------------------|--|--|--|-----------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>170</u> | | PRIMARY REG. DIST. NO. <u>3033</u> | | Registrar's No. <u>550</u> | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | | |
| a. COUNTY <u>Laclede</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Dallas Co</u> | | | | |
| b. CITY OR TOWN <u>Lebanon</u> | | c. LENGTH OF STAY (In this place) <u>2 day</u> | | c. CITY OR TOWN <u>Long Lane</u> | | <u>1300</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u> | | | | d. STREET ADDRESS (rural, give location) <u>R#1</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Bennett Jean</u> | | | a. (First) | | | b. (Middle) | | |
| | | | c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1951</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>not married</u> | | 8. DATE OF BIRTH <u>Oct. 5, 1951</u> | | |
| | | | | | | 9. AGE (In years last birthday) <u>-</u> IF UNDER 1 YEAR Months <u>-</u> DAYS <u>2</u> IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) <u>Lebanon Laclede Co. U.S.A</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Marie Lord Perryman</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Perryman Long Lane</u> | | |
| | | | | | | ADDRESS | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | | |
| | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from lungs</u> | | | | |
| | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>2nd time ut</u> | | | | |
| | | | | DUE TO (c) <u>3lb 10 oz</u> | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS | | | | |
| | | | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u> | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | |
| | | 7715 | | | | | | |
| 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) (Min.) | | 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>Oct 5</u> , 19 <u>51</u> , to <u>Oct 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 7</u> , 19 <u>51</u> , and that death occurred at <u>12 Noon</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Taul [Signature] M.D.</u> | | | | 23b. ADDRESS <u>Lebanon Mo.</u> | | 23c. DATE SIGNED <u>10-8-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/8/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>near Earnestville Dallas Co.</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-10-1951</u> | | REGISTRAR'S SIGNATURE <u>Hella L. May</u> | | 424 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>No. Funeral Director</u> | | |

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

OCT 15 1951

Received

Laclede County Health Unit

File No. 10-51-142

Date Filed

OCT 15 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

no Embalming

working under my personal supervision.

Student Embalmer No.

Signed

Dorsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.