

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37728

State File No. ....

No. 300  
10.48

LED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5577 Registrar's No. 162

5480  
11

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Prairie Twp.</u>  |  | c. LENGTH OF STAY (In this place) <u>? 12 Hr</u>  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Brooking Twp.</u> |  | d. STREET ADDRESS (If rural, give location) <u>Storms Road</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10E &amp; Hook Road</u>                                       |  |   |  |

|  |                         |                       |                          |  |                                 |
|--|-------------------------|-----------------------|--------------------------|--|---------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>Elmer</u> | b. (Middle) <u>O.</u> | c. (Last) <u>Bennett</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year) | <u>11</u> <u>13</u> <u>1951</u> |
|--|-------------------------|-----------------------|--------------------------|--|---------------------------------|

|                    |                               |   |  |   |  |  |
|--------------------|-------------------------------|---|--|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 17, 1895</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|---|--|---|--|--|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Rayborn, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|--|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>James Bennett</u> | 13b. MOTHER'S MAIDEN NAME <u>Minnie Helsley</u> | 14. NAME OF HUSBAND OR WIFE <u>Essie Mae Bennett</u> |
|---|---|--|

|   |  |  |   |         |
|---|--|--|---|---------|
| 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>486-05-2611</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Essie Bennett, Lee's Summit, Mo.</u> | ADDRESS |
|---|--|--|---|---------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Heart Disease</u> |  |                                  |
|   | DUE TO (c)  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY?<br>- YES <input checked="" 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) | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                       |                                  |
|---|---------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. C. H. ...</u> | 23b. ADDRESS <u>4050 Reservoir Rd</u> | 23c. DATE SIGNED <u>11-13-51</u> |
|---|---------------------------------------|----------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>11-14-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hartville, Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Hartville, Missouri</u> |
|--|-----------------------------|--|--|

|  |   |   |                               |
|--|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>11-14-51</u> | REGISTRAR'S SIGNATURE <u>Donald C. Eardshaw</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Emil Halben</u> | ADDRESS <u>Hartville, Mo.</u> |
|--|---|---|-------------------------------|

11-1-50

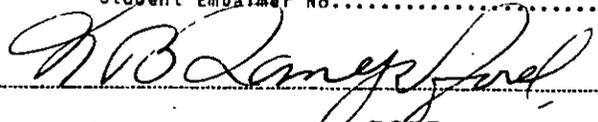
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 3853

P. O. Address Lee's Summit, 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.