

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38426**

FILED DEC 10 1951

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5968** Registrar's No. **140**

1. PLACE OF DEATH a. COUNTY DOLK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DOLK	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halfway "Rural"		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halfway "Rural"	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0840	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) BENNETT	c. (Last) LEMONS	4. DATE OF DEATH (Month) (Day) (Year) NOV 20 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 22 1877	9. AGE (In years last birthday) 74	If UNDER 1 year Months 8 Days 28	If UNDER 5 yrs Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Small	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARION BENNETT	13b. MOTHER'S MAIDEN NAME MARY O'BANNON	14. NAME OF HUSBAND OR WIFE RILEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Riley T Lemons	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prior attacks, certain diseases		
	DUE TO (c) Obesity, Family tendency		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I, hereby certify that I attended the deceased from **Jan 1**, 19**50**, to **Nov 20**, 19**51**, that I last saw the deceased alive, on **Nov 20**, 19**51**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE E. P. Lemons (Degree or title)	23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 11-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-19-51	24c. NAME OF CEMETERY OR CREMATORY CENTER POINT	24d. LOCATION (City, town, or county) (State) Dallas Co Mo
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DATE REC'D BY LOCAL REG. Nov. 26, 1951	REGISTRAR'S SIGNATURE Ralph Hardaway	25. FUNERAL DIRECTOR'S SIGNATURE R. B. Jones	ADDRESS Buffalo Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

840
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, DEC 4 1951

Dist. File 1251-3024

Date Filed 12-4-51

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 Leonard B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.