

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1952

S. No. 300
v. 10.48

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Willing</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bessville</u>	
c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> STAY		c. CITY (If outside corporate limits, write RURAL and give township) <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SouthEast Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles North of Butesville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u>	b. (Middle) <u>Edna</u>	c. (Last) <u>Bennett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1952</u>
--	-------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26/1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>8</u> Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
----------------------	---------------------------	--	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>William Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Kellie</u>	14. NAME OF HUSBAND OR WIFE <u>William Bennett</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Bennett</u>	ADDRESS <u>Bessville Ark.</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		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Adenocarcinoma Transverse Colon</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>9/21/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma transverse colon; jejuno-colic fistula</u>	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)	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 Aug 18, 1951, to Feb 26, 1952, that I last saw the deceased alive on Feb 26, 1952, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Willing, M.D.</u>	23b. ADDRESS <u>J. H. TROLINGER, M. D. JACKSON MISSOURI</u>	23c. DATE SIGNED <u>2/28/52</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/1/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hurricane Park</u>	24d. LOCATION (City, town, or county) (State) <u>Willing, Mo.</u>
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-3-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ben C. Kincaid</u>	ADDRESS <u>Willing, Mo.</u>
---	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

6164

JAN 2 1958

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Miss

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.