

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12495**

No. 300  
10.48

MAY 14 1952

REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 53

352  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> COUNTY <u>DeKalb</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		OR TOWN <u>0352</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>912 Curry St.</u>				d. STREET ADDRESS (If rural, give location) <u>912 Curry St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>			b. (Middle) <u>Bennett</u>		c. (Last) <u>Bennett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1952</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>Aug 14 1882</u>		9. AGE (In years last birthday) <u>69</u> MONTHS <u>8</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 <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jalpa Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Clarice Gobble</u>		14. NAME OF HUSBAND OR WIFE <u>Joe H. Bennett</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe H. Bennett</u> ADDRESS <u>Kennett 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>				ANTECEDENT CAUSES				
DUE TO (b) <u>Arteriosclerotic Nephritis Chronic</u>				DUE TO (c) <u>Hypertension</u>				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>594 X</u>				
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>Apr 6</u> , 19 <u>52</u> , to <u>May 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-29-52</u> , 19 <u>52</u> , and that death occurred at <u>3:25 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. J. Murphy M.D.</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>5-3-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gregory Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo. Rural</u>		
DATE REC'D BY LOCAL REG. <u>5-3-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>Kennett Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-5-52

COUNTY FILE NUMBER 552-113

**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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.