

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11794**

FILED DEC 26 1952

REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5286** Registrar's No. **67**

0230
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clark			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo b. COUNTY Scotland		
b. CITY OR TOWN Wyaconda Mo		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Memphis Mo		No. 1030
d. FULL NAME OF HOSPITAL OR INSTITUTION Foglesong Nursing Home Wyaconda Mo			d. STREET ADDRESS (If rural, give location) Rural		
3. NAME OF DECEASED a. (First) Minnie b. (Middle) Cole c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) Dec 4-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar 28-1882		9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Adair Co. Mo		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Nelson Cole		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Robt. Bennett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Bennett Memphis		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis		15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) 331X		
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 Feb-10, 1940 to Dec. 4, 1952 that I last saw the deceased alive on Dec. 4, 1952 , and that death occurred at 4 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H.M. Keethler D.O.			23b. ADDRESS Memphis, Mo		23c. DATE SIGNED 12-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 7-52	24c. NAME OF CEMETERY OR CREMATORY Bullion	24d. LOCATION (City, town, or County) (State) Adair Co., Mo.		
DATE REC'D BY LOCAL REG. 12/15-52		REGISTRAR'S SIGNATURE J. D. Dugas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leith Barnett Memphis	

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 _____

Fred Keith Jr

Licensed Embalmer No. 4258

P. O. Address Memphis 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.