

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41988**

**JAN 5 1953**

BIRTH NO.		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>1159</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>21 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield rural campbell twsp</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>519 Cherry</b>				d. STREET ADDRESS (If rural, give location) <b>Route 9, Box 582</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BESSIE</b>			b. (Middle) <b>CALKINS</b>		c. (Last) <b>BENNETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 27 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 26, 1869</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greene Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.AA.</b>	
13a. FATHER'S NAME <b>John P Calkins</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Bennett, Springfield, Missouri</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chronic</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS <b>Senility</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				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) (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 <b>Sept 1952</b> to <b>Dec 27, 1952</b> , that I last saw the deceased alive on <b>Dec 27, 1952</b> , and that death occurred at <b>8:00A</b> m., from the causes and on the date stated above.							
22a. SIGNATURE <b>J. Weston Wakeman</b>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>12-30-52</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 30, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-30-52</b>		REGISTRAR'S SIGNATURE <b>Edith Wilkinson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeider</b>		ADDRESS <b>Springfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

W. J. P. M. A.

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 Elmer B. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.