

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26057

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 246

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEADWOOD</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AMANDA</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>BENNETT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 10, 1953</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>OCT. 4 1872</u> |
| 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 | 9. AGE (In years last birthday) <u>80</u> if under 1 year: Months <u>9</u> Days <u>6</u> if under 12 mos. Hours <u>0</u> Min. |
| 11a. BIRTHPLACE (State or foreign country) <u>PALMER, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>SYLVESTER JARVIS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MINERVA CASH</u> | 14. NAME OF HUSBAND OR WIFE <u>JOSEPH BENNETT</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPH BENNETT LEADWOOD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular renal disease.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>442x</u> | |
| 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>LEADWOOD, MO. MO. MO.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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>Jan. 3, 1953</u> , to <u>July 10, 1953</u> , that I last saw the deceased alive on <u>July 2, 1953</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. Hunt, M.D.</u> | | 23b. ADDRESS <u>Leadwood, Mo.</u> | 23c. DATE SIGNED <u>7/14/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>7/12/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CEMETERY LEADWOOD, MO.</u> | 24d. LOCATION (City, town, or county) (State) <u>LEADWOOD, MO.</u> |
| DATE REC'D BY LOCAL REG. <u>JULY 14, 1953</u> | REGISTRAR'S SIGNATURE <u>Gather Rindloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. ROYER</u> | ADDRESS <u>LEADWOOD, MO.</u> |

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 William E. Bayer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.