

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1760

0492
0

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> | | c. CITY OR TOWN <u>Joplin, Missouri</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 days</u> | | e. STREET ADDRESS (If rural, give location) <u>R1 - North Main Street Road</u> <u>0490</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jane Chinn Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Florence</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Bennett</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>7th</u> <u>1954</u> |
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| 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>9/26/1884</u> | 9. AGE (In years last birthday) <u>69</u> Months <u>3</u> Year <u>11</u> Hours <u>11</u> Min. <u></u> |
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| 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 | 11. BIRTHPLACE (City and State or Foreign Country) <u>North Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William Davis</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>J. W. Bennett</u> |
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| 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. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Bennett, Joplin Rl. Mo.</u> ADDRESS |
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| 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>Transition & Rehabilitation</u> | | <u>3 weeks</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary Carcinoma Breast</u> | | <u>6 months</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>10-1-54</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Left Breast</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 10-1, 1954, to 1-7, 1954, that I last saw the deceased alive on 1-7, 1954, and that death occurred at 2145th, from the causes and on the date stated above.

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| 23a. SIGNATURE <u>C. F. Gregory</u> (Degree or Title) <u>DO, A</u> | 23b. ADDRESS <u>Webb City Mo</u> | 23c. DATE SIGNED <u>1-9-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/9/1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-10-54</u> | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtyer</u> <u>4749-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Conner</u> ADDRESS <u>Carl Jct, Mo</u> |
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JAN 18 1954
Jasper County Health Office
County File Number 54-1-48
Date Filed JAN 18 1954

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.....
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.