

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5736

BIRTH NO. <u>FILED MAR 10 1954</u>		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>26</u>				
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> c. LENGTH OF STAY (in this place) <u>11 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u> <u>0850</u> d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>27</u> <u>1954</u>							
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>		8. DATE OF BIRTH <u>April 21, 1906</u>		9. AGE (In years last birthday) <u>47</u> # UNDER 1 YEAR Months Days # UNDER 1 MTH. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Richland, Mo.</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John S. Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca Godfrey</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur 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>William McCann Richland, 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>Intracranial hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>severe hypertensive cardiovascular app. 2 yrs disease.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>						20. AUTOPSY? YES ☐ NO ☒		
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>11 Nov</u> , 19 <u>53</u> , to <u>27 Feb</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>27 Feb</u> , 19 <u>54</u> , and that death occurred at <u>11:15 A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>John P. Sargent, M.D.</u>				23b. ADDRESS <u>Richland, Missouri</u>			23c. DATE SIGNED <u>27 Feb 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo</u>				
DATE REC'D BY LOCAL REG. <u>3-1-54</u>		REGISTRAR'S SIGNATURE <u>Paula Gaye Anderson</u>		25. EMPLOYER'S SIGNATURE <u>Hedges Funeral Home</u>		ADDRESS <u>Richland, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-1-54
Missouri County Health Officer
File Number 3-6-54
Date Filed

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 Clarence Shroze

Licensed Embalmer No. 4826

P. O. Address Waymerville, Ind.

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.