

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27929

State File No.

FILED AUG 17 1954

BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 387

1. PLACE OF DEATH

a. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN

c. LENGTH OF STAY (In this place) 90A

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE OKLAHOMA COUNTY POTTAWATOMIE

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ASHER

d. STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED

a. (First) ALICE b. (Middle) AUGUSTA c. (Last) BENNETT

4. DATE OF DEATH (Month) (Day) (Year) AUGUST 3 1954

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED

8. DATE OF BIRTH JANUARY 6 1870 **9. AGE** (In years last birthday) (Months) (Days) (Hours) (Min.) 84 0 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE **10b. KIND OF BUSINESS OR INDUSTRY** DOMESTIC

11. BIRTHPLACE (State or foreign country) MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME D.R. HERNDON **13b. MOTHER'S MAIDEN NAME** NANCY ANN WINCHESTER **14. NAME OF HUSBAND OR WIFE** PEARL DESMOND WEBB CITY, MO

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.** NONE **17. INFORMANT'S SIGNATURE OR NAME** PEARL DESMOND WEBB CITY, MO **ADDRESS**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration

ANTECEDENT CAUSES (b) Heart Prostration

II. OTHER SIGNIFICANT CONDITIONS* (c) 4222F

INTERVAL BETWEEN ONSET AND DEATH 2 wks

**This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **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) (Minute) **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 May 1954, to 8-2, 1954, that I last saw the deceased alive on 8-2, 1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George W. Lewis M.D. **23b. ADDRESS** Webb City **23c. DATE SIGNED** 8/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** 8-4-54 **24c. NAME OF CEMETERY OR CREMATORY** WANETT CEMETERY **24d. LOCATION** (City, town, or county) (State) WANETT OKLA

DATE REC'D BY LOCAL REG. 8-5-54 **REGISTRAR'S SIGNATURE** Ed S. James **25. FUNERAL DIRECTOR'S SIGNATURE** W. S. Hedge-Lewis **ADDRESS** HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO

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

RECEIVED AUG 16 1954
Jasper County Health Office
County File Number 54-8-687
Date Filed AUG 16 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
Student Embalmer

Signed *Samuel Lewis Jr* _____

Licensed Embalmer No. 4561

P. O. Address *Webb City, 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.