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

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7612

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charles Still Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 0100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar City
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) Nora. b. (Middle) Nellie c. (Last) Bennett
4. DATE OF DEATH (Month) (Day) (Year): Mar. 31 1955
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31 1888
9. AGE (In years last birthday): 66 — If under 1 year: Months 8, Days 0 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Richardson
13b. MOTHER'S MAIDEN NAME: Mentie Kitchen
14. NAME OF HUSBAND OR WIFE: Gilbert Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Gilbert Bennett, Hartsburg, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension
DUE TO (c) Arteriosclerosis

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: 332X
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* 3/8, 1955, *to* 3/31, 1955, *that I last saw the deceased alive on* 3/31, 1955, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James E. Stuffon (Degree or title) Do.
23b. ADDRESS: Ashland Mo.
23c. DATE SIGNED: 4/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 2, 1955
24c. NAME OF CEMETERY OR CREMATORY: New Liberty
24d. LOCATION (City, town, or county) (State): Ashland, Mo.

DATE REC'D BY LOCAL REG.: April 1-55
REGISTRAR'S SIGNATURE: R. P. Dorris MD-MR
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. C. Burnett Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Wm C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland Me

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.