

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7684**

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6270 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Hallam</u>	
b. CITY OR TOWN <u>Rural S. Benton</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Red Top, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Red Top, Mo. 0300</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ida</u>	b. (Middle) <u>E</u>	c. (Last) <u>Bennett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-1955</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>Widowed</u>	8. DATE OF BIRTH <u>2-5-12-1867</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></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>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ellettsville, Ind</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</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>Stella Walker Whittier</u>	ADDRESS <u>Colis</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>		
	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	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) <u>931X</u>
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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 20 Jan, 1955, to 17 March 1955, that I last saw the deceased alive on 17 Mar, 1955, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Griffin M.D.</u>	23b. ADDRESS <u>Buffalo</u>	23c. DATE SIGNED <u>7 Apr 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-8-55</u>	REGISTRAR'S SIGNATURE <u>Patricia Montgomery</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Patricia Montgomery</u>	ADDRESS <u>Funeral Home Buffalo, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *elyse montgomery*.....
Licensed Embalmer No. *359*.....
P. O. Address *Buffalo, N.Y.*.....

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.