

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) Holden c. LENGTH OF STAY (in this place) 8 Mo.

c. CITY OR TOWN La Tour d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Smead Nursing Home

e. STREET ADDRESS (If rural, give location) 7510

3. NAME OF DECEASED: a. (First) Effie b. (Middle) Goldie c. (Last) Bennett

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 8, 1879

9. AGE (In years) 77 IF UNDER 1 YEAR: Months _____ Days _____ 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 none

11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Missouri

12. CITIZEN OF WHAT COUNTRY? yes

13a. FATHER'S NAME Ray W. Newton

13b. MOTHER'S MAIDEN NAME Ellen McCart

14. NAME OF HUSBAND OR WIFE William Cas per Bennett

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 492-14-4456-D

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar Newton LaTour, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C.V. Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443x

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LaTour, Johnson, Mo.

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlin M.D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 2, 1956

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State) LaTour, Missouri Johnson

DATE REC'D BY LOCAL REG. July 5, 1956

REGISTRAR'S SIGNATURE Mrs. H. V. Redford

25. FUNERAL DIRECTOR'S SIGNATURE Conrad G. Rupp

ADDRESS Holden, Mo.

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

150

RECEIVED
JUL 9 1956
JOHNSON COUNTY HEALTH D

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 *Samuel B. Papp*

Licensed Embalmer No. *404*

P. O. Address *Holden*

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.