

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 8 - 1956 STANDARD CERTIFICATE OF DEATH

25825

State File No.

BIRTH NO.		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4538</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>PIEDMONT</u> c. LENGTH OF STAY (in this place) <u>1 yr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u> c. CITY OR TOWN <u>PIEDMONT</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>LORENE</u> c. (Last) <u>BENNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1956</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 2, 1921</u>		9. AGE (In years last birthday) <u>35</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>POPLAR BLUFF</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE W. AUSTIN</u>		13b. MOTHER'S MAIDEN NAME <u>IDA DEAN</u>		14. NAME OF HUSBAND OR WIFE <u>BURFORD BENNETT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>376-34-7354</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BURFORD BENNETT</u> ADDRESS <u>PIEDMONT, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR? <u>174X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>8-15</u> , 19 <u>56</u> , to <u>7-20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-20</u> , 19 <u>56</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Fanning M.D.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>7-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PIEDMONT, MO.</u>	
DATE REC'D BY LOCAL REG. <u>July 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Fazel Hard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Lish</u> ADDRESS <u>Piedmont, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 3 1956
WAYNE CO. HEALTH CENTER
FILE No.

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Martin T. Bowler.....
Licensed Embalmer No. 440

P. O. Address Bedford

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.