

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10748

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 5135	Registrar's No. 46
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE Missouri — b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brosley,		c. LENGTH OF STAY (in this place) 23 Yrs.	c. CITY OR TOWN Brosley,	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		e. STREET ADDRESS (If rural, give location) RFD. One. Morocco. Community		
3. NAME OF DECEASED (Type or Print) Melvina		a. (First)	b. (Middle)	c. (Last) Bennett,
4. DATE OF DEATH 11/24/ 1956		5. SEX Female		6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 17 - 1892		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Marion, Ark.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Goble Jones,		
13b. MOTHER'S MAIDEN NAME Winnie Jones,		14. NAME OF HUSBAND OR WIFE German 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 NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geron Bennett - Brosley, 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) <i>asphyxiation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cardiac failure</i> DUE TO (c) <i>Cerebral hemorrhage</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct. 23, 1956, to Nov. 24, 1956, that I last saw the deceased alive on Nov. 10, 1956, and that death occurred at 4 P. M., from the causes and on the date stated above.				
23a. SIGNATURE F. Priest D.O.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED Nov 12-1-1956
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 28 - 1956	24c. NAME OF CEMETERY OR CREMATORIUM Morocco	24d. LOCATION (City, town, or county) (State) Butler Mo.
DATE REC'D BY LOCAL REG. 11/17/56		REGISTRAR'S SIGNATURE R. H. Muehler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Irad Smith - Sikeston, Mo.

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

RECEIVED

DEC 28 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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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 *Fred J. Smith*
Licensed Embalmer No. *4408*

P. O. Address *Sixton*

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.