

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41818

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 567

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Allen</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u> TOWN <u>Independence</u>				c. CITY OR TOWN <u>Fort Wayne</u> <u>818</u> Inside Limits <u>Yes</u> No ☐			
c. FULL NAME OF (If NOT in hospital, give location) <u>Indy. Hospital</u> HOSPITAL OR INSTITUTION <u>Indy. Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>7 Wks</u> Reside on Farm <u>Yes</u> No ☐			
3. NAME OF DECEASED (Type or print) First <u>Isabelle</u> Middle <u>Bennett</u> Last <u>Bennett</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>10</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>Sept 24, 1973</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Month <u>2</u> Day <u>16</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>16</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>			
11. BIRTHPLACE (City and state or country) <u>Zaleski Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>Levia M. Chapman</u>				14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Sowder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Mary Stude</u>				Address <u>422 S. Hobbs Indianapolis</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> <u>Coronary Thrombosis?</u> <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>see (b)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4260</u>							INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>3 day</u> <u>12 day</u>
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>4:5</u> p. m. Month <u>Nov.</u> Day <u>29</u> Year <u>1956</u>							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov. 29, 1956</u> and last saw her alive on <u>Dec 10, 1956</u> Death occurred at <u>4:5 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Charles Craske M.D.</u>				22b. ADDRESS <u>Independence, Mo.</u>		22c. DATE SIGNED <u>12/10/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec 11, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Fort Wayne Indiana</u>	
24. FUNERAL DIRECTOR <u>Paul R. Speake</u>				25. DATE RECD. BY LOCAL REG. <u>12-11-56</u>		26. REGISTRAR'S SIGNATURE <u>James Craig</u>	

(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.....
Signature of Student Embalmer

Signed R. Kenneth Gatter

Licensed Embalmer No. 46

P. O. Address Indy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.