

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

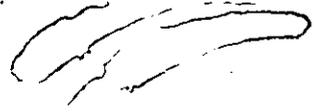
State File No. **43465**

BIRTH NO. _____		REG. DIST. NO. <b>32</b>		PRIMARY REG. DIST. NO. <b>5113</b>		Registrar's No. <b>71</b>	
1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Patton</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Patton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				e. STREET ADDRESS (If rural, give location) <b>0090</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RHODA</b>		b. (Middle) <b>IDELL</b>		c. (Last) <b>BENNETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1957</b>	
5. SEX <b>Fm</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 18, 1875</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF DROPPED IN HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bollinger County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>Joshau Starkey</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Shiplor</b>		14. NAME OF HUSBAND OR WIFE <b>Monroe Bennett</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Art Bennett - Marble Hill, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>					
		ANTECEDENT CAUSES					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>					
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Coroner notified</b>			
22. I hereby certify that I attended the deceased from <b>Dec 1957</b> to <b>Dec 1957</b> that I last saw the deceased <b>deceased on my arrival</b> and that death occurred at <b>unknown</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>William J. Freitas, D.D.</b>				23b. ADDRESS <b>Patton, Mo.</b>		23c. DATE SIGNED <b>12-26-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-21-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>		24d. LOCATION (City, town, or county) (State) <b>Patton, Mo</b>		
DATE REC'D BY LOCAL REG. <b>12/26/57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Gene Allen, Fultonville, Mo.</b>			

0090

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

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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.....  
*[Handwritten signature]*

Signature of Student Embalmer

Signed..... *[Handwritten signature: R. O. Laird]*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, N*

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.