Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033760
STATE FILE NUMBER

FILED OCT 9 1958 Registration District No. 275 Primary Registration District No. 5943 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN Beulah Spring Creek — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beulah — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Texas
c. CITY OR TOWN Licking — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Cora Middle: Alice Last: Bennett
4. DATE OF DEATH Month Sept Day 28 Year 1958
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Mar 5, 1874
9. AGE (In years on last birthday) 84 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Montague Texas
12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Jacob Rue
13b. MOTHER'S MAIDEN NAME Delilah Adkins
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hugh L. Bennett Address Marshfield Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac & pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cachexia & debilitation
DUE TO (c) Cardio vascular Renal disease
INTERVAL BETWEEN ONSET AND DEATH: 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 a.m. p.m. Month, Day, Year
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 1957 to Sept 27, 1958 and last saw her alive on Sept 27, 1958
Death occurred at 1:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Myers (Degree or title) D.O.
22b. ADDRESS Licking, Mo
22c. DATE SIGNED 9-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-30-58
23c. NAME OF CEMETERY OR CREMATORY Salem Cem
23d. LOCATION (City, town, or county) (State) Salem Mo

24. FUNERAL DIRECTOR Scott B. Ferguson ADDRESS Licking
25. DATE RECD. BY LOCAL REG. Sept. 30, 1958
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 5 1958

RECEIVED
Phelps County Health Officer,
County File Number 1160
Date Filed Oct. 2, 1958

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 Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

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.