

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014681

STATE FILE NUMBER

2 3649

Registration District No. Primary Registration District No. Registrar's No.

FILED MAY 1 1959

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>               |                                                                                                                                                                 |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                       | c. CITY OR TOWN <b>Festus</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>                                                                                                                                                                                                                                                                                                                                                                         |                                  | Length of stay in 1b<br><b>10 days</b>                                                                                                                     | d. STREET ADDRESS (If outside, give location)<br><b>616 Warren St.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Mabel F. Bennett</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                            | 4. DATE OF DEATH<br>Month Day Year<br><b>April 12, 1959</b>                                                                                                     |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 24, 1884</b>                                                                                                                       |
| 9. AGE (In years, last birthday) <b>74</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                                  | IF UNDER 24 HRS.                                                                                                                                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                                                                                                                                                                                                                                                                                   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>                                                                                                        | 11. BIRTHPLACE (City and state or country)<br><b>Festus, Mo.</b>                                                                                                |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | 13a. FATHER'S NAME<br><b>John O. Johnson</b>                                                                                                               | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Erwin</b>                                                                                                                  |
| 14. NAME OF HUSBAND OR WIFE<br><b>George W. Bennett</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>                                                                                                                       |
| 17. INFORMANT<br><b>George W. Bennett, Festus, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | Address                                                                                                                                                    |                                                                                                                                                                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b><br>DUE TO (b) <b>Ant. Sclerotic Artery Thrombosis</b><br>DUE TO (c) <b>420.1</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |                                                                                                                                                            | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b>                                                                                                              |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                               |                                                                                                                                                                 |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.                                                                                                  |                                                                                                                                                                 |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                            |                                  | 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 <b>Dec 14 49</b> to <b>4-12-59</b> and last saw her alive on <b>4-11-59</b><br>Death occurred at <b>12:10 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                              |                                  | 22a. SIGNATURE (Deputy or title) <b>Carl J. Hens, M.D.</b> 22b. ADDRESS <b>180 Kings Highway</b> 22c. DATE SIGNED <b>4-13-59</b>                           |                                                                                                                                                                 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | 23b. DATE<br><b>4-14-59</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairview Presbyterian Cemetery</b>                                                                                | 23d. LOCATION (City, town, or county) (State)<br><b>Festus, Mo.</b>                                                                                             |
| 24. FUNERAL DIRECTOR<br><b>Cady Funeral Home, Crystal City, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 14 '59</b>                                                                                                          | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b><br><i>M. G. B.</i>                                                                                         |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS  
MAY 1  
1959

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 Elton R. Remelka

Licensed Embalmer No. 4283  
P. O. Address St. Louis

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.