URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 17 1960

-60-009477

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 36

NDED

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 136 Bynum Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott
c. CITY OR TOWN Sikeston — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 136 Bynum Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Winnie Frances Bennett

4. DATE OF DEATH Month Day Year: Feb. 2, 1960

5. SEX: F. Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/21/1893
9. AGE (last birthday): 66 — IF UNDER 1 YEAR Months: 9 Days: 11 — IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Montgomery Co. Ark.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jonathan Hardin
13b. MOTHER'S MAIDEN NAME: Mary Conway
14. NAME OF HUSBAND OR WIFE: Frank Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT Address: Ferrell Gossett, Sikeston, 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) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ART SCLER- HEART DISEASE
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1958 to Feb. 2, 1960 and last saw her alive on 1. 9. 60.
Death occurred at 2. 2. 60 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl G. Popp, M.D. (Degree or title)
22b. ADDRESS SIKESTON, MO
22c. DATE SIGNED 2. 4. 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/3/1960
23c. NAME OF CEMETERY OR CREMATORY: Moumds Cemetary
23d. LOCATION (City, town, or county) (State): Lilborn, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albritton Funeral Home, Sikeston, Mo. (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 2-8-60
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond L. Du

Licensed Embalmer No. 479

P. O. Address Bernie Mc

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