

FILED VS JUN 8 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-022149

Registration District No. 6-25-1

Primary Registration District No. 3-70

STATE FILE NUMBER

Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAPPAPe110</u>				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>WAPPAPe110</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home WAYNAPe110</u>				Length of stay in lb <u>4 ife</u>		d. STREET ADDRESS <u>1110</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>EVALINE</u> Last <u>Bennett</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>23</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>June 6 1922</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>37</u> IF UNDER 1 YEAR Months Days Hours Min.	
11a. FATHER'S NAME <u>Alex Davis</u>				13b. MOTHER'S MAIDEN NAME <u>ANN HENDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>LARKIN BENNETT</u>	
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	
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>Generalized Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<u>4500</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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 _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT ☐ 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 Death occurred at <u>7:30</u> <u>5/6/60</u> PM to <u>5/16/60</u> and last saw her alive on <u>5/16/60</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John R. Loughhead, M.D.</u>				22b. ADDRESS <u>330 N. 2nd St. - Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>6/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MAY 25</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>		23d. LOCATION (City, town, or county) (State) <u>Dexter Mo</u>	
24. FUNERAL DIRECTOR <u>Morgan Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>June 7 1960</u>		26. REGISTRAR'S SIGNATURE <u>Bretta M. Ward</u>	

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 *W^m H. Morgan*

Licensed Embalmer No. *4640*
P. O. Address *Advance, Mo.*

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.