

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012243
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 45

AMENDED

FILED VS MAR 17 1961

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN Sikeston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 218 Illinois St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle RILEY Last BENNETT			4. DATE OF DEATH Month 3 Day 5 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR IF UNDER 24 HR Months 7 Days 29 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Polk County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Bennett		13b. MOTHER'S MAIDEN NAME Sally Cowen	
14. NAME OF HUSBAND OR WIFE Winnie Bennett (Dec)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Elmer Bennett, Sikeston, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adams- Stokes Syndrome DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure - Compensated				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Hour Month, Day, Year 		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 -1959 to 3-5-61 and last saw her/him alive on 3-4-61 Death occurred at 2:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In case of male) Thomas Hattis, Jr.			22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 3-7-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/8/1961	23c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery		23d. LOCATION (City, town, or county) (State) Lilbourn, Mo.	
24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home, Sikeston, Mo.			25. DATE RECD. BY LOCAL REG. 3-11-61		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.