

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-043360

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 49

Primary Registration District No. 5380

Registrar's No. 53

STATE FILE NUMBER

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP Hiway # 36, 3 mi. west, Stewartsville, Mo.		c. CITY OR TOWN Bethany	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) R # 3 Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last MADELINE RUTH BENNETT		4. DATE OF DEATH Month Day Year 11-11-1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-5-1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. BIRTHPLACE (City and state or country) Harrison Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charlie Williams		13b. MOTHER'S MAIDEN NAME Katie Belle Williams	14. NAME OF HUSBAND OR WIFE Edward A. Bennett
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. 17. INFORMANT Address Fred Bennett, Bethany, 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) Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile and Truck Collision DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 9:30 AM Nov. 11, 1963	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.) Stewartsville Dekalb Co. Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Stewartsville Dekalb Co. Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Brown		22b. ADDRESS Maysville, Mo.	
22c. DATE SIGNED 11-11-63		22d. LOCATION (City, town, or county) (State) Bethany, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-63	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Bethany, Mo.
24. FUNERAL DIRECTOR W.E. Summerfield, Stewartsville, Mo.		25. DATE RECD. BY LOCAL REG. Nov 13-1963	
		26. REGISTRAR'S SIGNATURE Berlie E. Davidson	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

6320

26410

3

4 1

5 1

6

7 0

8 2

9 X

10

11 032

12 91-3

13 1-0

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 Haas-Roberson, Bethany M, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, M

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.