

FILED SEP 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30003

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 245

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>	
c. LENGTH OF STAY (If in hospital or institution)		d. STREET ADDRESS (If rural, give location) <u>316 South 3rd St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HosPT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>Milton</u> c. (Last) <u>BENNETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 17 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 17 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pharmacy</u>	11. BIRTHPLACE (State or foreign country) <u>COOPER Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jason W. Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary F. Ream</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>now</u>	16. SOCIAL SECURITY NO. <u>490-05-9287</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Bennett</u>	ADDRESS <u>Clinton Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Emboli</u>		INTERVAL BETWEEN ONSET AND DEATH <u>163x</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of lung</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from March 26, 1949, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 7:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>D.D.</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>9/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 23-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conrath</u>	ADDRESS <u>Clinton Mo</u>
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RECEIVED

District Health Officer No. 7

District File Number 8-49-1157

Date Filed 9-26-49

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 _____
Student Embalmer

Signed *J. E. Corradini*

Licensed Embalmer No. 1891

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.