

S. No. 300
V. 10.48

LED JUL 6 - 1953

STANDARD CERTIFICATE OF DEATH

21380

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 152

422

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 OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo 2422</u>	
c. LENGTH OF STAY (In this place) <u>2 day</u>		d. STREET ADDRESS (If rural, give location) <u>316 S 3rd st 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weber Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>May</u> c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>8/30 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>11</u> Days _____ Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bookkeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13. FATHER'S NAME <u>Asen Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary V Ream</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Or, no. or unknown) (If yes, give year or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jenkins</u> ADDRESS <u>Clinton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Deility</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>9030 21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Fractured hip</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>316 S 3rd Clinton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 27, 1953 6P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tripped on chair + rug.</u>

22. I hereby certify that I attended the deceased from June 27, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (In full or title) <u>Robert Ashell, MD</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/1/1953</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>July 1-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	42-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Corneal</u> ADDRESS <u>Clinton Mo</u>
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AUG 3 1952

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. Conzalez

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.