

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011365

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 131 Primary Registration District No. 4218 Registrar's No. 112

FILED APR 15 1963

VS 300
Rev. 4/59

1 0421

2 0425

3

4 1

5 2

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7 0

8 0

9 4200

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11 123-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		Length of stay in 1b 3 weeks	c. CITY OR TOWN Clinton, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 114 1/2 E. Franklin St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CORA Middle E. Last BENNETT			4. DATE OF DEATH Month April Day 4, Year 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-6-'78
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Henry County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Glover		13b. MOTHER'S MAIDEN NAME Rebecca Rank	14. NAME OF HUSBAND OR WIFE Walter 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. 509-20-8245	17. INFORMANT Address Mrs. Ross Whitton, Clinton, 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) Circulatory Collapse Total Heart Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 3 weeks			INTERVAL BETWEEN ONSET AND DEATH 4 days 3 weeks 3 weeks
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. 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 Windsor, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from March 4, 1963 to April 4, 1963 and last saw her alive on April 4, 1963 . Death occurred at 2:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. Smith M.D.		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 4/8/63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-6-1963	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak
23d. LOCATION (City, town, or county) Windsor, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Ellis M. Huston, Windsor, Mo.		25. DATE RECD. BY LOCAL REG. APRIL 11-1963	26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

1210
2530

MAY 8 1963

[Handwritten signature]

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 *E. L. Hester*

Licensed Embalmer No. 3391
P. O. Address Windsor, 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.