

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23088

BIRTH NO. 47990-50 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff Ferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff Ferson City 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 414 Cherry	

3. NAME OF DECEASED (Type or Print): a. (First) Infant b. (Middle) Bennett c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) August 10, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Aug. 10, 1950		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 MRS. Hours Min. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Cecil Thomas Bennett		13b. MOTHER'S MAIDEN NAME Lillian Bess Rippeto		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Cecil Thomas Bennett	
				ADDRESS 414 Cherry	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature death		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			4 1/2 hrs
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Premature Separation placenta from fetus			7/10/50
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"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from August 10, 1950, to August 11, 1950, that I last saw the deceased alive on August 10, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Ogden M.D.		23b. ADDRESS Jefferson City		23c. DATE SIGNED 8-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 11 1950		24c. NAME OF CEMETERY OR CREMATORY Leshon Cemetery	
				24d. LOCATION (City, town, or county) (State) Wilton MO	

DATE REC'D BY LOCAL REG. August 11-1950		REGISTRAR'S SIGNATURE R.P. Harris M.D. - M.P.O.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher	
				ADDRESS	

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

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RECEIVED 8/13/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/12/50

STATEMENT BY LICENSED EMBALMER

No V

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.

Signed *Victor Buescher*

Signed _____
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address *Jefferson City 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.