

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36493

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 506

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Poplar Bluff</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u> <u>1110</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Effie Elmira</u> b. (Middle) <u>Bennett</u> c. (Last) <u>Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/3/51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/18/1876</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Piedmont, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William R. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Carroll P. Bennett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hal Bennett Greenville, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> ANTECEDENT CAUSES <u>Arterial Hypertension</u> DUE TO (b) <u>Unknown</u> DUE TO (c) <u></u> 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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 <u>Feb. 7, 1950</u> , to <u>12-3-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-2</u> , 19 <u>51</u> , and that death occurred at <u>7:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Tronda, M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>12-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickman Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 6 1951</u>	REGISTRAR'S SIGNATURE <u>H. Johnson per [Signature]</u>	25. DEATH CERTIFICATE SIGNATURE <u>[Signature]</u> Greenville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

124  
1

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DEC 11 1951

BUTLER CO. HEALTH CENTER  
FILE No. 1251-545

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 \_\_\_\_\_

*[Handwritten signature]*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Handwritten signature]* \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *[Handwritten address]*

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.