.S. No. 300
ev. 10.48

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7157

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 133

**1. PLACE OF DEATH**
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 S. COTTAGE GROVE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ADAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE 0013
d. STREET ADDRESS (If rural, give location): 1001 E. WASHINGTON ST

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALBERTA
b. (Middle):
c. (Last): BENNETT

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH 30 1952

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: MAY 6 1868
**9. AGE** (In years last birthday): 83 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: HOUSEKEEPING
**11. BIRTHPLACE** (State or foreign country): ADAIR CO. MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: OTIS MILLER
**13b. MOTHER'S MAIDEN NAME**: NANCY SLOAN
**14. NAME OF HUSBAND OR WIFE**: GEORGE H. BENNETT

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. IRVIE SEES ADDRESS: KIRKSVILLE MO

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive heart failure — 6 day
DUE TO (c) Arteriosclerotic heart disease — years

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**: 4200
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-27, 1952 *to* 3-30, 1952, *that I last saw the deceased alive on* 3-30, 1952 *and that death occurred at* 7 05 P *m., from the causes and on the date stated above.*

**22a. SIGNATURE** (Degree or title): M. T. Gutenkauf D.O.
**23b. ADDRESS**: Kirksville Mo
**23c. DATE SIGNED**: 4-2-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: APRIL 3, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: MAPLE HILL
**24d. LOCATION** (City, town, or county) (State): KIRKSVILLE MISSOURI

**DATE REC'D BY LOCAL REG.**: 4-3-52
**REGISTRAR'S SIGNATURE**: Kate Lambert
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Geo B. Conley Jr. Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Transcribed by Kate Lambert 100.22 Edgar Co.

MAR 31 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Geo B Crawley Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.**