

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19810**

No. 300
10.48

JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>RURAL KEYTESVILLE</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>RURAL KEYTESVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 MILES NORTH OF KEYTESVILLE MO</u>		d. STREET ADDRESS (If rural, give location) <u>7 MILES NORTH OF KEYTESVILLE MO</u>	

3. NAME OF DECEASED (Type or Print) <u>THOMAS M. BENNETT</u>	a. (First) <u>THOMAS</u>	b. (Middle) <u>M.</u>	c. (Last) <u>BENNETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 22 - 1867</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 100 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>REUBEN O. BENNETT</u>	13b. MOTHER'S MAIDEN NAME <u>BETTY COLEMAN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. JENNIE BENNETT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JENNIE BENNETT</u>	ADDRESS <u>KEYTESVILLE</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis</u>		
	DUE TO (c) <u>rheumatic fever</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>unknown</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 30, 1950, to June 18, 1952, that I last saw the deceased alive on June 18, 1952 and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glennwood Foster D.O.</u>	23b. ADDRESS <u>202 Keytesville, Mo.</u>	23c. DATE SIGNED <u>6/19/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-19-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hyde + Garrison</u>	ADDRESS <u>Keytesville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0210

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 Leburn K Tillatton

Licensed Embalmer No. 4508

P. O. Address Salisbury, Md

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.