

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5536**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5455</u>		Registrar's No. <u>118-E</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY OR TOWN <u>Rural Republic, twp.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rural Republic Township</u>		0390		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles S.W. Republic</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles S. W. Republic</u>				
3. NAME OF DECEASED (Type or Print) <u>SUSAN ADALINE BENNETT</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Jan. 29, 1953</u>		(Month) (Day) (Year)		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>Sep. 15, 1870</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joseph W. Hays</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Burr</u>		14. NAME OF HUSBAND OR WIFE <u>Martin 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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude Bennett</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 Years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>March, 1951</u> , to <u>January, 1953</u> , that I last saw the deceased alive on <u>3 Jan, 1953</u> , and that death occurred at <u>4:20 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Karl Leidinger Jr M.D.</u>				23b. ADDRESS <u>Republic, Missouri</u>		23c. DATE SIGNED <u>JAN 30, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 1, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-11-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Foltz</u>		ADDRESS <u>Republic, Mo.</u>		

(Licensee's Statement on Reverse Side)

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

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 *John D. McNa*
Licensed Embalmer No. 4675
P. O. Address Republic 7

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.