

STANDARD CERTIFICATE OF DEATH

State File No. **8445**

FILED FEB 24 1953

REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **20**

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

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina	
c. LENGTH OF STAY (In this place)		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) JENNIE	b. (Middle)	c. (Last) BENNET	4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar-12-1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 10 Days 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Shelby Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Patrick Coates	13b. MOTHER'S MAIDEN NAME Margaret Esli	14. NAME OF HUSBAND OR WIFE Charles Bennett
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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. 4	17. INFORMANT'S SIGNATURE OR NAME Noami Bennett	ADDRESS Shelbina Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Feb-10-1953
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza		
DUE TO (c) Arteriosclerosis		Feb 4 - Feb 15	
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 480X	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 **Feb. 4, 1953**, to **Feb 15, 1953**, that I last saw the deceased alive on **Feb. 15, 1953**, and that death occurred at **3:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Cladys Bennett	(Degree or title)	23b. ADDRESS Shelbina Mo	23c. DATE SIGNED Feb. 17, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 17-1953	24c. NAME OF CEMETERY OR CREMATORY S.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Shelbyville Mo
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DATE REC'D BY LOCAL REG. 2-20-53	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE E.P. Thompson	ADDRESS Shelbyville Mo
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JUN 18 1956

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.....

.....*Myself*.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. C. Thompson*.....

Licensed Embalmer No. *1632*.....

P. O. Address *Shelbyville 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.