

FILED MAY 25 1954

STANDARD CERTIFICATE OF DEATH

 State File No. 16604

 BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN-ST. MICHAELS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 N. MINE HAMITE</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #2 - (ANDREWS ADDITION)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOAH</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>BENNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16, 1954</u>	
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>MARCH 11, 1874</u>
9. AGE (In years last birthday) Months Days Hours Min. <u>80</u> <u>2</u> <u>5</u>	11. BIRTHPLACE (State or foreign country) <u>WAYNE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>ELIJAH BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA TWIDWELL</u>	14. NAME OF HUSBAND OR WIFE <u>MALINDA BENNETT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MALINDA BENNETT - FREDERICKTOWN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Prote embolism from auricular fibrillation</u>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>1 year</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		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)	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>May 14, 1954</u>, to <u>May 16, 1954</u>, that I last saw the deceased alive on <u>May 16, 1954</u>, and that death occurred at <u>3:10 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. W. O'Leary, M.D.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>5/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PIOTKNOV CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>IRON COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>5-18-1954</u>	REGISTRAR'S SIGNATURE <u>Larence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>V. P. Adams - FREDERICKTOWN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
 10-48

FREDERICKTOWN, MO.
RECEIVED
MAY 24 1954
RECEIVED
FILE No. 554-30

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.