

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36699**
Registrar's No. **331**

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton | | c. CITY OR TOWN Fulton | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 15 Days | | e. STREET ADDRESS (If rural, give location) 01430 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Callaway Hospital | | | |

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|--|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) L. c. (Last) Bennett | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov-29-1954 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH Feb-15-1888 | 9. AGE (In years last birthday) 66 | # UNDER 1 YEAR 9 # UNDER 1 MIN. 14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Callaway Co, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Felix Qualls | 13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Thomas | 14. NAME OF HUSBAND OR WIFE Hubert C. Bennett |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alton Rich 108 Ann Fulton, Mo |

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|---|--|--------------|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiac Decompensation | | 3 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) Diabetes Mellitus | | 4 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4 yrs | |

| | | |
|---|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4222 | 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 1950 to 11-29, 1954, **that I last saw the deceased alive on** 11-29, 1954, **and that death occurred at** 7:30 m., **from the causes and on the date stated above.**

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|--|--|---|
| 23a. SIGNATURE (Degree or title) John J. Brown MD | 23b. ADDRESS Fulton Mo. | 23c. DATE SIGNED 12-1-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec-2-1954 | 24c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Benton City Mo |

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|--|---|-------------|--|-------------------------------------|
| DATE REC'D BY LOCAL REG. Dec-1-1954 | REGISTRAR'S SIGNATURE Maretha Lawrence | 426- | 25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home | ADDRESS Fulton, Mo |
|--|---|-------------|--|-------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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
Signature of Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *272*

P. O. Address *Fulton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.