

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

812

State File No.

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>4158</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Buffalo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Maple Street</u>				f. STREET ADDRESS (If rural, give location) <u>N. Maple Street 2800</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Altha</u>		b. (Middle) _____		c. (Last) <u>Bennett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1956</u>	
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>Dec. 18, 1876</u>	
9. AGE (In years last birthday) <u>79</u>		if UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		if UNDER 24 HRS. Hours <u>1</u> 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>Own House</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John M. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA J. Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Vest</u>		ADDRESS <u>Buffalo, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis, Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decompensation severe</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 yr</u> <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>				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>June</u> , 19 <u>55</u> , to <u>Jan 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>56</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lyb Plummer</u> (Degree or title)				23b. ADDRESS <u>Buffalo Mo 1-20-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN. 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-56</u>		REGISTRAR'S SIGNATURE <u>Ernest Peterson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>		ADDRESS <u>Buffalo, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) 134 gene Hunter

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.....
Signature of Student Embalmer

Signed Gene C. Hunt

Licensed Embalmer No. 475

P. O. Address Buffalo, N.Y.

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.