FILED JUN 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15514
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler O — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Length of stay in 1b 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates 0070
c. CITY OR TOWN New Home Twp — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 5 Mi.N.W.Rich Hill — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First CLARA Middle RINDA Last BENNETT
4. DATE OF DEATH Month June Day 3 Year 1956
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH January 4 1872
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Bates County, Mo. O
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edd Rhodes
14. MOTHER'S MAIDEN NAME Nettie May Pepper
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Oscar Bennett Address Rich Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aortic Regurgitation
DUE TO (c) Generalized Bronchitis — 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Prostatitis
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4211
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 25 1956 to June 3, 1956 and last saw her/him alive on June 2 1956. Death occurred at 10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carter W. Luter (Degree or title) MD
22b. ADDRESS Butler Mo
22c. DATE SIGNED 6/6/56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/6/56
23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
23d. LOCATION (City, town, or county) Foster, Missouri (State)

24. FUNERAL DIRECTOR Bright Funeral Serv. ADDRESS Rich Hill Mo.
25. DATE RECD. BY LOCAL REG. June 6-56
26. REGISTRAR'S SIGNATURE Kendall Kenny

(Licensed Embalmer's statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert D. Steinbe

Licensed Embalmer No. 4.

P. O. Address Butte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.