

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

30366

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 913

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b> <sup>0396</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>504 1/2 W. Olive</b>		d. STREET ADDRESS (If outside, give location) <b>504 1/2 W. Olive</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <b>10 yrs.</b>			

3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>----</b> Last <b>Bennington</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>6,</b> Year <b>1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 27, 1903</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>53</b> Days <b>53</b> Hours <b>53</b> Min. <b>53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	11. BIRTHPLACE (City and state or country) <b>North Dakota.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Fred Adams</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>309-24-4597</b>	17. INFORMANT Address <b>Charles Bennington-Springfield, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Obesity</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

21. I attended the deceased from <b>14 Sept 56 to 6 Oct 1956</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>3 Oct 1956</b> Death occurred at <b>10:00a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Stanley A. Peterson M.D.</b>	22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>8 Oct 56</b>

23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-10-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>
--	--------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-8-56</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Williams</b>
---	--	--

(Licensed Embolmer's Statement on Reverse Side)

300  
1-56

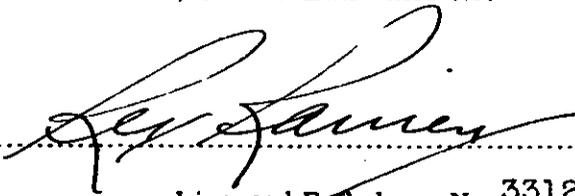
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 3312

P. O. Address Springfield

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