

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7632

STATE FILE NUMBER

FILED MAR 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Buchanan Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Andrew Co.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN King City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital Length of stay in lb 1 Hour		d. STREET ADDRESS (If outside, give location) 5 miles N.W. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Flora Middle Bennett Last Bennett			4. DATE OF DEATH 3.8.1957 Month 3 Day 8 Year 1957
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11.4.1881
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Month 7 Day 4	IF UNDER 24 HRS. Hours 4 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Andrew Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Ingles	
14. MOTHER'S MAIDEN NAME Soprona King		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 Andrew Bennett. King City Mo. Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) years			INTERVAL BETWEEN ONSET AND DEATH hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)
20c. TIME OF INJURY Hour a. m. Month a. m. Day, Year p. m.			
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.)	20f. CITY, TOWN, OR LOCATION King City COUNTY Andrew STATE Mo.	
21. I attended the deceased from 3/8/57 to 3/8/57 and last saw her alive on 3/8/57 Death occurred at 11:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Karyl A. Potter Jr. M.D. (Degree or title)		22b. ADDRESS A. Potter Jr. M. D., Physicians & Surgeons Bldg.	
22c. DATE SIGNED 3/9/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3.8.1957	23c. NAME OF CEMETERY OR CREMATORY Star Chapel (City, town, or county) King City Mo. (State) Mo.	
24. FUNERAL DIRECTOR R.G. Taggart. King City Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. March 11, 1957	26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in their reports. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1961 JUL 25 1957

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 *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City

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.