

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

59-012148
State File No.

FILED MAY 11 1959

REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kirksville</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Browning, Rural</u> d. STREET ADDRESS (If rural, give location) <u>0590</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>R.</u> c. (Last) <u>BENNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-59</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 5 1889</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 Wks: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Albert Wooten</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Wooten</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Bennett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Bennett</u>		ADDRESS <u>Browning, Mo.</u>
MEDICAL CERTIFICATION						
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENOCARCINOMA OF</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach with Metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Prior</u> <u>to May '58</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</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) <u>151X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>4-14</u>, 19<u>59</u>, to <u>4-30</u>, 19<u>59</u>, that I last saw the deceased alive on <u>4-29</u>, 19<u>59</u>, and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Dr. W. R. Rattiff</u>				23b. ADDRESS <u>Browning, Mo</u>		23c. DATE SIGNED <u>4-30-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dry Ridge Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Rural Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-5-59</u>		REGISTRAR'S SIGNATURE <u>W. R. Rattiff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning,</u>

DEC 18 1961

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

Student Embalmer

Signed

Gerald L. Ward

Licensed Embalmer No.

4172

P. O. Address

Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.