

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959 *43*

59-035373

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. *3007* Registrar's No. *519*

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 56 yrs.	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2304 N. 14th St.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2304 N. 14th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Evaline Middle NMI Last Thetford			4. DATE OF DEATH Month Oct. Day 19, Year 1959		
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-28-71	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Samuel Bennett	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no X X X X X	16. SOCIAL SECURITY NO. none	17. INFORMANT Annie Dow Address Poplar Bluff, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Apoplexy	DUE TO (b) arteriosclerosis	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 Poplar Bluff, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from **5 Oct 59** to **19 Oct 59** and last saw her alive on **19 Oct 59**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cyril A. Bot MD	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 31 Oct 59
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23a. BURIAL CREMATION REMOVAL (Specify) burial	23b. DATE 10-21-59	23c. NAME OF CEMETERY OR CREMATORY Black Creek Cemetery	23d. LOCATION (City, town, or county) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Missouri	25. DATE RECD. BY LOCAL REG. 11/5/59	26. REGISTRAR'S SIGNATURE R. M. Muetter
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Butler	Missouri	Butler	50 yrs.	Butler	Missouri
x	Poplar Bluff	x	2304 N. 14th St.	x	Poplar Bluff
	Oct. 19, 1929		THE		2304 N. 14th St.
	Theford		Evaine		
	87		x		white
	10-28-71				female
	U.S.A.		housewife		housewife
	Illinois		unknown		Samuel Bennett
	deceased		none		no
	Poplar Bluff, Mo.				x x x x

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 Mark Watkins

Licensed Embalmer No. 4717
P. O. Address Dexter mo

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.

10-28-29

Butler, Missouri