

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017760

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
1 1085
2 3028
3
4 1
5 0
6
7 0
8 2
9 4200
10
11
12 1293-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 24 1962

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Nevada, Mo. Length of stay in lb 2 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Hosp. # 3 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes No
d. STREET ADDRESS (If possible, give location) (400 E Oak) 99th & Oak Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lena Middle Bennie Last Bennie
4. DATE OF DEATH Month April Day 12 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-2-73 9. AGE (last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Jackson Co., Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME H. H. Lacy 13b. MOTHER'S MAIDEN NAME Emma Rust 14. NAME OF HUSBAND OR WIFE

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 Records of State Hospital # 3, Nevada, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH Few Days
DUE TO (b) Arteriosclerotic Heart Disease Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Associated With Cerebral Arteriosclerosis With Psychotic Reaction Chronic Brain Syndrome
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.
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 2-14-62 to 4-12-62 and last saw her 4-12-62 alive on 4-12-62
Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Allen Pickens, M.D. 22b. ADDRESS St. Hosp. #3, Nevada, Mo. 22c. DATE SIGNED 4-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/12/62 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah 23d. LOCATION (City, town, or county) (State) Belton, Mo.

24. FUNERAL DIRECTOR E.K. George, ADDRESS Belton, Mo. 25. DATE RECD. BY LOCAL REG. 4-21-1962 26. REGISTRAR'S SIGNATURE Anna J. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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,

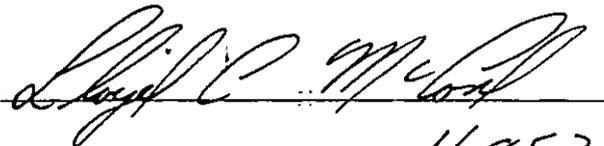
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4853

P. O. Address Florida, 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.