MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047789

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 340

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JAN 6 1964

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wetzel Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Hickory
c. CITY OR TOWN: Wheatland — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLEO Middle OLIVE Last BENNETT

4. DATE OF DEATH: Month December Day 27 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 17,
9. AGE (last birthday): 91 (72) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Roanoke, Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry W. Wente
13b. MOTHER'S MAIDEN NAME: Mary Schindler
14. NAME OF HUSBAND OR WIFE: Harry Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harry Bennett, Address: Wheatland, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Myocardial Insufficiency — minutes
DUE TO (c): Coronary Artery Occlusion — 12 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myocardial Insufficiency – Arteriosclerosis

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 a.m. p.m. Month, Day, Year
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 12-12-63, to 12-27-63 and last saw her/him alive on 12-27-63
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clinton L. Glasgy, DO (Degree or title)
22b. ADDRESS: Clinton Mo. (State)
22c. DATE SIGNED: 12/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/29/63
23c. NAME OF CEMETERY OR CREMATORY: Crutsinger Cem.
23d. LOCATION (City, town, or county): Wheatland, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hathaway Funeral Home Wheatland, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 31 1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0425		
2	0430		
3			
4	1		
5	1		
6			
7	1		
8	2		
9	4201		
10			
11			
12	2-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 8 1964

Permit Obtained 12-31-63 - MB

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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.