S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40406

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 402

1. PLACE OF DEATH
a. COUNTY: Callaway Co. Auxvase Twp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland, Mo. Rural
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Callaway Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland, Mo. Rural Auxvase T.P.
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Elmer c. (Last) Benskin,

4. DATE OF DEATH (Month) (Day) (Year): Dec 14-1949

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct-22-1880
9. AGE (In years last birthday): 69 — If under 1 year: Months 1, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland, Mo. Rural
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George Washington Benskin,
13b. MOTHER'S MAIDEN NAME: Ellen V. Sanders,
14. NAME OF HUSBAND OR WIFE: Louella Benskin,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-18-4691
17. INFORMANT'S SIGNATURE OR NAME, R.F.D. ADDRESS: Victoria Atterberry, Portland, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death from heart trouble — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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): Auxvase Twp Callaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 14 1949 at m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Lorriet Coroner
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 12/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 16-1949
24c. NAME OF CEMETERY OR CREMATORY: Benskin Cemetery
24d. LOCATION (City, town, or county) (State): West of Americus, Mo.

DATE REC'D BY LOCAL REG.: Dec 16-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Americus 470

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 19 1949
District Health Officer No. 9
District File Number

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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 this body is not embalmed, fact should be so stated above.