

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5582

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4383 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Russell Wright home			

3. NAME OF DECEASED (Type or Print)	a. (First) AMANDA	b. (Middle) ELIZABETH	c. (Last) BENHAM	4. DATE OF DEATH (Month) (Day) (Year)
				2 22 50

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/29/78	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months	11. UNDER 11 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
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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 home	11. BIRTHPLACE (State or foreign country) Elmo, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Zook	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE W. H. Benham, dec.
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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	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Russell Wright, Graham, Mo.	ADDRESS
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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) Cardio-Vascular-Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
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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
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22. I hereby certify that I attended the deceased from Feb. 6, 1950, to Feb. 22, 1950, that I last saw the deceased alive on Feb. 20, 1950 and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE M.C. Allen	(Degree or title) D. O.	23b. ADDRESS Matland, Missouri	23c. DATE SIGNED 3/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/50	24c. NAME OF CEMETERY OR CREMATORY Lamar	24d. LOCATION (City, town, or county) (State) Elmo, Missouri
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DATE REC'D BY LOCAL REG. 2-25-50	REGISTRAR'S SIGNATURE Bess Holt	229	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

740

5040

442X



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

Robert L. Lenter

Licensed Embalmer No.

4782

P. O. Address

Maryville, 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.