

FILED SEP 28 1950
60741-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31482**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6072** Registrar's No. **306**

940

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

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY St. Francois 6960		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pendleton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pendleton 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Unnamed			a. (First) Benton		b. (Middle)
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1950.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 13, 1950	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
					IF UNDER 11 HRS. Days
					Hours Min. 2 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Francois Co. Mo. 0	
				12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Andrew Benton		13b. MOTHER'S MAIDEN NAME Ruth Jane Cook		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT'S SIGNATURE OR NAME W. A. Benton, Farmington, Mo. ADDRESS	
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) Hematoma at base of Brain which had replaced all brain tissue			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES had replaced all brain tissue					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)					
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)	
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?	
22. I hereby certify that I attended the deceased from Sept 13, 1950 , to Sept. 13, 1950 , that I last saw the deceased alive on Sept. 13, 1950 , and that death occurred at 7:45p m., from the causes and on the date stated above.					
23a. SIGNATURE D. M. Stoyce (Degree or title) D. O.			23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 9/16/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Family		24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
DATE REC'D BY LOCAL REG. Sept. 16, 1950		REGISTRAR'S SIGNATURE Eather Rudloff 289		25. FUNERAL DIRECTOR'S SIGNATURE None - Buried by family. ADDRESS	

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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 _____ Signed _____

Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed