

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11270**

BIRTH NO. _____		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 6149		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Duck Creek		c. LENGTH OF STAY (in this place) 6542		c. CITY (If outside corporate limits, write RURAL and give township) 1030 Rural Duck Creek			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Puxico R#2 mo			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie		b. (Middle) Henry forest		c. (Last) Benson		4. DATE OF DEATH (Month) (Day) (Year) Mar. 14 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 14-1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days -		IF UNDER 1 YEAR Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Ogden, Utah	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME John Benson		13b. MOTHER'S MAIDEN NAME Susan McClure	
14. NAME OF HUSBAND OR WIFE Mollie Benson				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ernest Benson				ADDRESS Puxico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs	
ANTECEDENT CAUSES		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 331x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 1945, to 3/14 , 1951, that I last saw the deceased alive on 3/13 , 1951, and that death occurred at 12:30pm. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Williams, M.D. (Degree or title)				23b. ADDRESS Puxico, Mo.		23c. DATE SIGNED 3/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-51		24c. NAME OF CEMETERY OR CREMATORY Puxico		24d. LOCATION (City, town, or county) (State) Puxico Mo	
DATE REC'D BY LOCAL REG. 3-17-51		REGISTRAR'S SIGNATURE Gloyd Morgan		25. FUNERAL DIRECTOR'S SIGNATURE Gloyd Morgan		ADDRESS Puxico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1030
1

RECEIVED

APR 5 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.