

5. No. 300
10. 48

FILED MAY 9 1951

STANDARD CERTIFICATE OF DEATH

11815

State File No.

BIRTH NO. 20838-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 171

2164

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location) Osteopathic Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) Bonnie Esther Benefield			4. DATE OF DEATH (Month) (Day) (Year) April 30 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 0	
8. DATE OF BIRTH April 5 1951		9. AGE (in years last birthday) 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	
11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Lester Benefield	
14. MOTHER'S MAIDEN NAME Lorine Mayberry		15. NAME OF HUSBAND OR WIFE none		16. SOCIAL SECURITY NO. no	

17. INFORMANT'S SIGNATURE OR NAME Lester Benefield		ADDRESS McClure Ill	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY		DUE TO (b) miscarriage	
DUE TO (c) Multiple pregnancy (twins)		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 774X		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) (m.)		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 April 6, 1951 to April 30, 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 3:45 am., from the causes and on the date stated above.

23a. SIGNATURE L. G. England		(Degree or title) DO		23b. ADDRESS 1002 S. Perry St	
23c. DATE SIGNED May 3, 1951					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30 1951		24c. NAME OF CEMETERY OR CREMATORY Lindsay	
24d. LOCATION (City, town, or county) (State) McClure Ill.		25. FUNERAL DIRECTOR'S SIGNATURE J. S. Howell			
DATE REC'D BY LOCAL REG 5-3-1951		REGISTRAR'S SIGNATURE C. C. Summers		ADDRESS Cape Gir	

MAY 7 1931

DISTRICT HEALTH OFFICE No. C

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Ray Hill 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.