

FILED OCT 11 1952

STANDARD CERTIFICATE OF DEATH

33700

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2551

1. PLACE OF DEATH
a. COUNTY St. LOUIS
RICHMOND HEIGHTS MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE ILL. b. COUNTY MADISON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS

c. LENGTH OF STAY (If this place) 4 Hours
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MADISON 8120

d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL

d. STREET ADDRESS (If rural, give location) 1222 DOUGLAS

3. NAME OF DECEASED
a. (First) JESSE b. (Middle) _____ c. (Last) BENSON

4. DATE OF DEATH (Month) (Day) (Year)
10 2 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG 31, 1896

9. AGE (In years last birthday) (Specify) 56
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 4 Hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. GUARD ENG. DEPOT GOVERNMENT

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) KENTUCKY

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Benson

13b. MOTHER'S MAIDEN NAME NANIE MOHLE

14. NAME OF HUSBAND OR WIFE LAURA BENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WW I -

16. SOCIAL SECURITY NO. 406-07-2734

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Laura Benson - MADISON ILL.

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) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 cuts

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 10/2, 1952, to 10/2, 1952, that I last saw the deceased alive on 10/2, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Flowers W. Parker M.D. (Degree or title)

23b. ADDRESS 4660 Miscellane

23c. DATE SIGNED 10/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) JOURNAL

24b. DATE 10-5-52

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State) MORGANTOWN, KENTUCKY

DATE REC'D BY LOCAL REG. 10-3-52

REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
HENRY - MADISON - ILL.

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

005

OCT 17 1962

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Paul Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St Louis 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.