

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37672**

**117**  
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**FILED NOV 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1169

<b>1. PLACE OF DEATH</b> a. COUNTY <u>BUCHANAN</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - (Rockford)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. METHODIST HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6130</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BENSON</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>OCT. 29-1952</u>
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>July 27-1883</u>
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>9b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) <u>69</u> IF UNDER 1 YEAR <u>2</u> MONTHS <u>2</u> DAYS
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Texas - 1</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>J. M. J. Benson</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Inda Wood</u>		<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Pearl C. Benson</u>	
<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>15. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>16. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Pearl C. Benson</u>		<b>17. ADDRESS</b> <u>Lathrop, Mo</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>myocardial infarction</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) <u>interosclerotic heart disease</u>		<u>several years</u>	
<b>DUE TO (c)</b>		<u>many years</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity, from overeating.</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>ob. 28 0</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>10-76</u> , <u>1951</u> to <u>10-29</u> , <u>1952</u> , that I last saw the deceased alive on <u>10-29</u> , <u>1952</u> and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Lucien W. Johnson</u>		<b>23b. ADDRESS</b> <u>902 Edward St. - Joseph, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>11-10-52</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>10-31-52</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lathrop Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lathrop Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Nov 13, 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Cost</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Mo. Mrs. C. C. Benson</u>		<b>ADDRESS</b> <u>Mo</u>	

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

**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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.