

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13709**

FILED APR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5326** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steelville, Mo. (Rural)</b>		c. LENGTH OF STAY (In this place) <b>5 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steelville Rural 0380</b>		d. STREET ADDRESS (If rural, give location) <b>CAT'S NURSING HOME</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CAT'S Nursing Home</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>4-10-1953</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Erastus</b> b. (Middle) <b>"STANNY"</b> c. (Last) <b>BENTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-10-1953</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>SEPT-24-1875</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Archer Staff Co. Mo.</b>			
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>RENICK BENTON</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>GERTIE BENTON (DECEASED)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>794X</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>senile debility</b>				10 yrs.			
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) (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 <b>March</b> , 19 <b>52</b> , to <b>Apr. 10</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Apr. 7</b> , 19 <b>53</b> , and that death occurred at <b>12:50 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Smith Robey</b> (Degree or title) <b>DO</b>				23b. ADDRESS <b>Steelville, Mo.</b>		23c. DATE SIGNED <b>4-11-1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-13-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>U.P. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pu. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-15-53</b>		REGISTRAR'S SIGNATURE <b>Office 76-1</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Shandley</b> ADDRESS <b>Pu. Mo.</b>			

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

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**STATEMENT BY LICENSED EMBALMER**

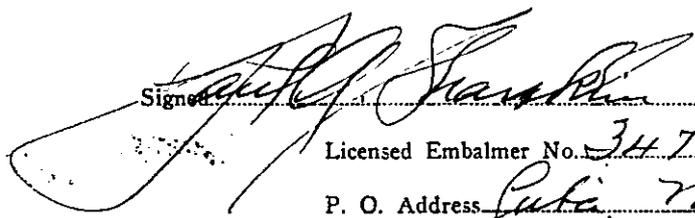
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Patki, 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.