

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4083

| | | | | | | | |
|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>3008</u> | | Registrar's No. <u>45</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> | | | |
| b. CITY OR TOWN <u>FULTON</u> | | c. LENGTH OF STAY (In this place) <u>1 WK</u> | | c. CITY OR TOWN <u>CALLWOOD TWP</u> | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>R.F.R. FULTON 0140 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LINA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>BENTON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 20, 1955</u> | | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>SEPT 23, 1891</u> | |
| 9. AGE (In years last birthday) <u>63</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>CALLAWAY COUNTY MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>THOMAS ROBERTS</u> | | 13b. MOTHER'S MAIDEN NAME <u>GOODMAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOHN BENTON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Benton Fulton Mo</u> | | | |
| 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) <u>Ac. gastro-entero-colitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>+ 2 weeks</u> | |
| 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) _____ | |
| 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 <u>2/17, 1955</u> , to <u>2/20, 1955</u> , that I last saw the deceased alive on <u>2/18, 1955</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Henry Duval M.D.</u> | | | | 23b. ADDRESS <u>Fulton, Mo.</u> | | 23c. DATE SIGNED <u>2/21/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2/22/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>EBENEZER 426</u> | | 24d. LOCATION (City, town, or county) (State) <u>CALLAWAY COUNTY MO</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb 26, 1955</u> | | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin Funeral Home Fulton Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed.....
Ray E. Slawson

Licensed Embalmer No. *372*

P. O. Address.....
Fuller

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.