No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7733

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 4178 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb, 0359
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): E. ~~Bexxxx~~
c. (Last): Benton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19.1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov. 4, 1864
9. AGE (In years last birthday): 90 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Arthur, Ill. 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: William Payne
13b. MOTHER'S MAIDEN NAME: Liza King
14. NAME OF HUSBAND OR WIFE: Cord Benton, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Elmeer Carnes, Holcomb. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arteriosclerosis — years-
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: 4500
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) m.:
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* 1/4, 1955, *to* 2/4/55, 1955, *that I last saw the deceased alive on* 2/4/55, 1955, *and that death occurred at* 11 m/a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallace A Belsey MD
23b. ADDRESS: Campbell Mo.
23c. DATE SIGNED: 2/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2. 21. 55
24c. NAME OF CEMETERY OR CREMATORY: Wilfong Cem. McGee
24d. LOCATION (City, town, or county) (State): McGee, Mo.

DATE REC'D BY LOCAL REG.: 2-21-55
REGISTRAR'S SIGNATURE: J G Anderson 89-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Watkins & Sons Fun. Ser. Dexter, I

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-15-55

COUNTY FILE NUMBER 3-55-76

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Pestus 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.