

14831

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5164</u>		Registrar's No. <u>138</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>RURAL (FULTON TWP)</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY OR TOWN <u>FULTON 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>R.F.D. J. FULTON</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. J. FULTON MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNON</u> b. (Middle) <u>N.</u> c. (Last) <u>BENSKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24, 1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 25, 1900</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES E. BENSKIN</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA Rahma</u>		14. NAME OF HUSBAND OR WIFE <u>EUNICE BENSKIN</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>491-07-4697</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Miss Eunice Benskin 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) <u>Carcinoma of larynx with pulmonary metastases</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. <u>161X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>
19a. DATE OF OPERATION <u>Jan 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of larynx</u>					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 <u>Jan. 1954</u> , to <u>5/24, 1955</u> , that I last saw the deceased alive on <u>5/21, 1955</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dennis Dunsat, M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>5/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem BARR. FULTON MO</u>		24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>	
DATE REC'D BY LOCAL REG. <u>May 28-1955</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maureen Farnell Home Fulton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

FEB 17 1958

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 *J. Ross*
.....
Licensed Embalmer No. *255*
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.