

FILED SEP 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 29997

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559V		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joachim Township		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural: Joachim		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 near Sandv, Mo.				e. STREET ADDRESS (If rural, give location) near Sandv, Mo. 2500			
3. NAME OF DECEASED (Type or Print) a. (First) Frances L. Bender			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1955							
5. SEX F. / W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 16, 1886	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME G. G. Bender			13b. MOTHER'S MAIDEN NAME Sarah			14. NAME OF HUSBAND OR WIFE C. R. Bender	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. R. Bender Pevely, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ovarian carcinoma with carcinomatosis 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 10 mos.	
19a. DATE OF OPERATION 11/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary & Metastases				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 (Month) (Day) (Year) (Hour) OF INJURY		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 11/13, 1955, to 9/13, 1955, that I last saw the deceased alive on 9/30, 1955, and that death occurred at 10:20 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) Philip P. Doisy M.D.				23b. ADDRESS 714 S. Kirkwood Rd. Kirkwood 22, Mo.		23c. DATE SIGNED 9/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 15, 55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG 9-14-55		REGISTRAR'S SIGNATURE 502		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heiligttag Funeral Home Imperial, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 20 1955

SEP 27 1955

MAR 20 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 *Arthur W. Huntington*

Licensed Embalmer No. *3872*

P. O. Address *Imperial*

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.