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No. 302  
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FILED FEB 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5591**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4314** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY <b>Macon Co Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Macon</b>	
b. CITY OR TOWN <b>Atlanta Ga</b>	c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Atlanta</b>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Died at Home</b>		e. STREET ADDRESS (If rural, give location) <b>Atlanta Mo 6610</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>W</b> b. (Middle) <b>M</b> c. (Last) <b>Benson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 30 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 12 1892</b>	9. AGE (Years) (Months) (Days) (Hours) (Min.) <b>62 6 18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Macon Co - Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Joseph Benson</b>	13b. MOTHER'S MAIDEN NAME <b>Cypha Corby</b>	14. NAME OF HUSBAND OR WIFE <b>Lorna Benson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No	16. SOCIAL SECURITY NO. <b>1</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Joe Benson</b> ADDRESS <b>Atlanta Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca of Prostate</b>		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Generalized Ca</b>	
DUE TO (b)		<b>at home - kidney</b>	
DUE TO (c)		<b>at Pungs - Urethra</b>	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 15 1952**, to **Jan 30 1956**, that I last saw the deceased alive on **Jan 30 1956**, and that death occurred at **2:36 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>O. L. Woodward</b> (Degree or title)	23b. ADDRESS <b>Columbia, Mo</b>	23c. DATE SIGNED <b>2-3-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 1st 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell</b>	24d. LOCATION (City, town, or county) (State) <b>Near Atlanta Mo</b>
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DATE REC'D BY LOCAL REG. <b>2/7/56</b>	REGISTRAR'S SIGNATURE <b>Cute M'Whealy</b>	181	25. FUNERAL DIRECTOR'S SIGNATURE <b>H M Goodding</b> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956

MAR 6

FEB 21

RECEIVED 2.20.56  
 MACON COUNTY HEALTH DEPARTMENT  
 County File No. 2-5615  
 Date Filed 2.21.56

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 ..... *H M Gooding*

Licensed Embalmer No. 1750

P. O. Address Atlanta

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.