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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10018

FILED APR 16 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>		2. USUAL RESIDENCE (Where deceased lived if institution: residence before address) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hayti</u>		c. CITY OR TOWN <u>Rural</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>Randolph Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>West of Hayti on Rt Hwy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar James Lee</u> b. (Middle) <u>Benson</u> c. (Last) <u>Benson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 26, 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Savannah Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jim Benson</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Burden</u>	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Della James Stule, Mo</u> ADDRESS <u>501-1st St.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-1-56</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>Pol. The. M.A. Thoracoplasty</u> <b>INACTIVE</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4343A</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 10-3, 1947, to 3-26, 1956, that I last saw the deceased alive on 3-22, 1956, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Beecher M.D.</u>	23b. ADDRESS <u>Cantharville</u>	23c. DATE SIGNED <u>4-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Stule, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-7-56</u>	REGISTRAR'S SIGNATURE <u>John H. Gorman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gorman</u> ADDRESS <u>Hayti Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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4-97-52

APR 13 1956

HEMISCOOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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.....  
*John H. German*

Licensed Embalmer No. *432*

P. O. Address *Stoyti*

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.