

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19857

State File No.

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 4082 Registrar's No. 58

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u> | |
| b. CITY OR TOWN <u>Bogard</u> | | c. CITY OR TOWN <u>Bogard</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>0170</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Benson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1956</u> | | |
| 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>OCT 13, 1875</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co - MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>John A. Benson</u> | 13b. MOTHER'S MAIDEN NAME <u>MARIA Gorton</u> | 14. NAME OF HUSBAND OR WIFE <u>Lula M. Benson - Dec'd</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Sheehan, Bogard, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <u>Bogard, Carroll, MO</u> |
| 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 |

22. I hereby certify that I attended the deceased from 6/17, 1956 to 6/17, 1956, that I last saw the deceased alive on 6/17, 1956 and that death occurred at 7 P. M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. V. Bloom</u> | 23b. ADDRESS <u>Bo. Bogard, Mo</u> | 23c. DATE SIGNED <u>6/19/56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>6-20-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fair Haven</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Norborne, MO</u> | | |

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| DATE REC'D BY LOCAL REG. <u>6-20-56</u> | REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.E. Dickerson</u> | ADDRESS <u>Bogard, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 27 1958

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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 *P. M. Marshall*

Licensed Embalmer No. *25*

P. O. Address *Carrollton*

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.