S. No. 300
Rev. 10.48

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

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33312

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. 291

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Aubert Twp.
c. LENGTH OF STAY (In this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence near Mokane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN: St. Aubert Twp.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RFD Mokane Mo.

0140

3. NAME OF DECEASED (Type or Print)
a. (First): Harrison
b. (Middle): Lee
c. (Last): Benson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 15, 1892
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Osage County Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Geo. W. Benson
13b. MOTHER'S MAIDEN NAME: Josephine Gritzner
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Herbert Benson St. Charles 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus infection of lungs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza attack

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic cystitis + endocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 481X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1956, *to* Nov 4, 1956, *that I last saw the deceased alive on* Nov 4, 1956 *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. Payne **(Degree or title)** M.D.
23b. ADDRESS R #3 Fulton Mo
23c. DATE SIGNED 11-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7, 1956
24c. NAME OF CEMETERY OR CREMATORY: Mokane
24d. LOCATION (City, town, or county) (State): Mokane Mo.

DATE REC'D BY LOCAL REG.: Nov. 10-1956
REGISTRAR'S SIGNATURE: Martha Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Mangum F.H. Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

426

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3722

P. O. Address Fulton M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.