

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37062

FILED DEC 10 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1282

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 1 month | c. CITY OR TOWN Bolckow |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1408 Bellevue St. | | f. STREET ADDRESS (If rural, give location) 00 1 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) ELLEN c. (Last) BENSON | | 4. DATE OF DEATH (Month) (Day) (Year) NOV. 28, 1956 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 16, 1876 |
| 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) Lexington, Ky. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME John Gebhart | |
| 13b. MOTHER'S MAIDEN NAME Nancy Frances ? | | 14. NAME OF HUSBAND OR WIFE Barnie Benson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | |
| 17. INFORMANT'S SIGNATURE OR NAME Sherman Estes | | ADDRESS City Sherman Estes, 1408 Bellevue St. | |
| 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) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension 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 3 days | | 19. DATE OF OPERATION | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 331x | |
| 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 <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 Oct 28, 1956 , to Nov 28, 1956 , that I last saw the deceased alive on Nov 27, 1956 and that death occurred at 11:20AM from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Warren C. Baker M.D. | | 23b. ADDRESS Savannah, Mo. | |
| 23c. DATE SIGNED 12-5-56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 24b. DATE Nov 30, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Bolckow, Missouri | | DATE REC'D BY LOCAL REG. Dec. 6, 1956 | |
| REGISTRAR'S SIGNATURE Earnest W. Allison | | 25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home Savannah | |
| ADDRESS Savannah | | ADDRESS | |

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

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..... *E. E. Breit*

Licensed Embalmer No. *2657*

P. O. Address *Sacramento*

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.