

Health,  
Public  
Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31217  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>JEFFERSON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hermann</u> 0370 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u> Length of stay in 1b <u>21 Days</u>		d. STREET ADDRESS (If outside, give location) <u>2 mi. EAST of HERMANN</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>GENEVIEVE LORINE BENSON</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 16 1957</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC-15-1923</u>
9. AGE (In years last birthday) <u>33</u>		FUNDER 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) <u>FACTORY WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE</u>	11. BIRTHPLACE (City and state or country) <u>Chamois Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CLARENCE CRAMER</u>	
13b. MOTHER'S MAIDEN NAME <u>GEORGIA MANTLE</u>		13c. NAME OF HUSBAND OR WIFE <u>CHAS. BENSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-12-7846</u>	17. INFORMANT Address <u>CHAS. BENSON Hermann Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>15 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>416x</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2/16/57</u> to <u>9/16/57</u> and last saw her alive on <u>9/16/57</u> Death occurred at <u>6:50 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John J. Harkins, MD</u> (Degree or title)		22b. ADDRESS <u>302 Bolivar, Jefferson City</u>	22c. DATE SIGNED <u>9/18/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9/19/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cometary</u>	23d. LOCATION (City, town, or county) (State) <u>Morrison Mo</u>
24. FUNERAL DIRECTOR <u>HUGO H. Blomer</u> ADDRESS <u>Hermann Mo</u>		25. DATE RECD. BY LOCAL REG. <u>18 September 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD-MR.</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 15 1958

MAR 10 1958

MAR 10 1961

JAN 18 1961

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 ..... *Jugost Druver*

Licensed Embalmer No. 3160  
P. O. Address *Hammam Pa*

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.