

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015528

STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3972

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2219 2955 Thomas	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Benford		4. DATE OF DEATH Month Day Year 4 7 58	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 28, 1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 30
11. BIRTHPLACE (City and state or country) Greenwood, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas Benford		13b. MOTHER'S MAIDEN NAME Alice Cammings	14. NAME OF HUSBAND OR WIFE Not Married
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. None	17. INFORMANT Address Alice Mack 2955 Thomas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Myocarditis Myocarditis</i>			INTERVAL BETWEEN ONSET AND DEATH undet.
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.) 491x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (a.g. in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-27-58 to 4-7-58 and last saw him ^{her} alive on 4-7-58 Death occurred at 5:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. A. Fraser (Degree or title) <i>S. A. Fraser</i> , M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 4-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Shipping	23b. DATE 4/10/58	23c. NAME OF CEMETERY OR CREMATORY Winona, Mississippi	23d. LOCATION (City, town, or county) (State) Winona, Mississippi
24. FUNERAL DIRECTOR <i>C. B. France</i>	ADDRESS 1221 N. Grand	25. DATE RECD. BY LOCAL REG. APR 9 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Melvin Blackman*
Licensed Embalmer No. *346*
P. O. Address *221 W. 2nd St.*

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.