THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000707
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 20

FEB 9 1959

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Boonville, Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville 0272 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 727 E. Spring Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First THOMAS Middle HART Last BENTON
4. DATE OF DEATH Month Day Year Feb. 4, 1959
5. SEX male
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 8, 1878
9. AGE (In years last birthday) 80 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) Employee
10b. KIND OF BUSINESS OR INDUSTRY City & County
11. BIRTHPLACE (City and state or country) Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thos. H. Benton
13b. MOTHER'S MAIDEN NAME Mary Jane Foley
14. NAME OF HUSBAND OR WIFE Dana Stone
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs John Hoefer Address Boonville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy with Urinary Retention
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1-29-59, to 2-4-59 and last saw her/him alive on 2-4-59
Death occurred at 2:25 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. M. Stuart, M.D.
22b. ADDRESS 329 Main Boonville MO
22c. DATE SIGNED 2/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Feb. 6/59
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.
23d. LOCATION (City, town, or county) Boonville, Mo. (State)

24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 2/6/59
26. REGISTRAR'S SIGNATURE D. B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Berry W. Thurber

Licensed Embalmer No. 3944

P. O. Address Boonville,

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.