

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010508

FILED VS APR 11 1960 118

Registration District No. Primary Registration District No. 4188 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		Length of stay in 1b 35 yrs.	c. CITY OR TOWN Owensville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) JAMES MEREDITH BENSON			First Middle Last		4. DATE OF DEATH March 29, 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-11-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clay worker		10b. KIND OF BUSINESS OR INDUSTRY clay mining	11. BIRTHPLACE (City and state or country) Elmont, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Thomas Benson			13b. MOTHER'S MAIDEN NAME Molly Vaughan		14. NAME OF HUSBAND OR WIFE Hazel Parcel 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. 494-08-6706H	17. INFORMANT Mrs. Hazel Benson Owensville, Mo.				Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Corouary Thrombosis		15 min.	
DUE TO (b) Chronic Myocardial Degeneration		1 yr.	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Rectum.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)						
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year							
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 1959 to 3-29-60 and last saw him live on 3-18-60 Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <i>Parad Hume, M.D.</i>	(Degree or title)	22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 3-31-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-1-1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.	
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24. FUNERAL DIRECTOR Gottenstroeter F. Home Owensville, <i>Michael H. Winter</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. April 1, 1960	26. REGISTRAR'S SIGNATURE <i>Mrs. Marvin Jappmeyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Michael H. H. [Signature]

Licensed Embalmer No. 383

P. O. Address OWENSVILLE

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.