

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037262

FILED VS OCT 13 1960

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 15

STATE FILE NUMBER

NEED

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PIEDMONT-R.F.D</u>		Length of stay in 1b <u>2yr</u>		c. CITY OR TOWN <u>PIEDMONT-R.F.D</u>		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>✓</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D #2</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARMIN HAYWOOD BENTON</u>				4. DATE OF DEATH Month Day Year <u>OCT. 3 1960</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/27/1907</u>		9. AGE (last birthday) <u>52</u>		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) <u>RETIRED WWII VET</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ARMY</u>		11. BIRTHPLACE (City and state or country) <u>FLAT RIVER, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JAMES BENTON</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA MYERS</u>			14. NAME OF HUSBAND OR WIFE <u>WAYMAN BENTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>			16. SOCIAL SECURITY NO. <u>527-05-1088</u>		17. INFORMANT <u>WAYMAN BENTON</u>		Address <u>6214 STILLWELL PINE LAWN, MO</u>		
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) <u>Brain Hemorrhage</u>								<u>instant</u>	
DUE TO (b) <u>38 cal. Pistol shot</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)						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 checked="" 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>Suicide</u>					
20c. TIME OF INJURY <u>12:30 a.m.</u>		Month, Day, Year <u>10-3-1960</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>FARM</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>PIEDMONT WAYNE MO</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <u>12:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Marvin E. Bomber Coroner</u>				22b. ADDRESS <u>Piedmont, Mo.</u>				22c. DATE SIGNED <u>10-7-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-7-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>		23d. LOCATION (City, town, or county) (State) <u>PIEDMONT MO</u>			
24. FUNERAL DIRECTOR <u>GISH</u>				ADDRESS <u>PIEDMONT, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 9, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Shirley Lovelace</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 T 100

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

Marvin E. Bowler

Licensed Embalmer No.

4426

P. O. Address

Padmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.