

SOURCE: DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001811

STATE FILE NUMBER

FILED VS JAN 24 1961 157 Primary Registration District No. 3028 Registrar's No. 16

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 17 hrs.		c. CITY OR TOWN Diamond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Diamond			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lloyd Middle Hiram Last Benedict				4. DATE OF DEATH Month Jan. Day 17, Year 1961			
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 1-11-'91	
				9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) For the railroad			10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and state or country) Evansville, Wis.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME F. H. Benedict			13b. MOTHER'S MAIDEN NAME Sarah Ann Martin			14. NAME OF HUSBAND OR WIFE Gertrude Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. H. L. Benedict, Diamond, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Coronary atherosclerosis						INTERVAL BETWEEN ONSET AND DEATH 12-18 hrs 12-18 h unknown	
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 checked="" 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 3:00 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 Sept 1953 and last saw her 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 1-17-61							
22a. SIGNATURE (Degree or title) Lloyd S. Patterson M.D.				22b. ADDRESS Carthage, Mo.			22c. DATE SIGNED 1-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Jan. 20, 1961	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		23d. LOCATION (City, town, or county) (State) Diamond, Mo.		
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home, Carthage, Mo.				25. DATE RECD. BY LOCAL REG. Jan. 20, 1961		26. REGISTRAR'S SIGNATURE Elly Clifton	

JAN 25 1961

MAR 7 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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Carthage, Mo.

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.