

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-002639
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 4

AMENDED

FILED JAN 15 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO.: SHOULD READ

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Livingston</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chillicothe</u> | | c. CITY OR TOWN <u>Chillicothe</u> | |
| Length of stay in lb <u>30 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1400 Oak Dr.</u> | | d. STREET ADDRESS (If outside, give location) <u>1400 Oak Dr.</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH |
| First Middle Last <u>BENJAMIN PRENTICE PENCE</u> | | | Month Day Year <u>Jan. 3, 1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/7/1881</u> |
| 9. AGE (last birthday) <u>80</u> | | 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) <u>Painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home building</u> | 11. BIRTHPLACE (City and state or country) <u>Alpha, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Albert A. Pence</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Betty Thomas</u> | | 14. NAME OF HUSBAND OR WIFE <u>xx</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>xx</u> | |
| 17. INFORMANT <u>Mrs. Harold Atkins, Chillicothe, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cardio Vascular Renal Failure</u> | | | <u>2 wks.</u> |
| DUE TO (b) <u>Massive Myocardial Effusion</u> | | | <u>6 wks.</u> |
| DUE TO (c) <u>Senility</u> | | | |
| 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 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 <u>11-24-61</u> to <u>1-3-62</u> and last saw <u>her</u> alive on <u>1-3-62</u> Death occurred at <u>4 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>R. W. Manning M.D.</u> | | 22b. ADDRESS <u>Chillicothe, Missouri</u> | 22c. DATE SIGNED <u>1/4/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 5, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan. 4, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u> |

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 Richard W Bandell

Licensed Embalmer No. 4866

P. O. Address Chillicothe, 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.