

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043405
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 250

DO NOT WRITE ON THIS STUB
AMENDED

FILED NOV 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MO b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) WASHINGTON, MO. Length of stay in 1b 3 weeks		c. CITY OR TOWN GERALD, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) ST. FRANCIS HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R R II Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last JAMES. LESLIE BENTON			4. DATE OF DEATH Month Day Year NOV. 14-1963		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1904		
9. AGE (last birthday) 59		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) GARAGE SERVICE STATION		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS, MO	11. BIRTHPLACE (City and state or country) U S A		
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME JAMES. L. BENTON			
13b. MOTHER'S MAIDEN NAME EMILY. NAUGLE		14. NAME OF HUSBAND OR WIFE MARTHA. BENTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. NONE			
17. INFORMANT Address Martha Benton - Gerald 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) Carcinoma of Pancreas DUE TO (b) Cause Undetermined DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized Metastasis			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"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>		
20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20e. 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 checked="" 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 1960 to 11/14/63 and last saw him live on 11/14/63 Death occurred at 250 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James L. Benton MO		22b. ADDRESS Gerald MO			
22c. DATE SIGNED 11/15/63					
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-17-1963	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL	23d. LOCATION (City, town, or county) (State) GERALD, MO		
24. FUNERAL DIRECTOR ADDRESS E J Meyer Gerald Mo		25. DATE RECD. BY LOCAL REG. 11/16/63	26. REGISTRAR'S SIGNATURE Luke C. Hudman		

USE BLACK INK OR TYPEWRITER RIBBON

20110-000

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,

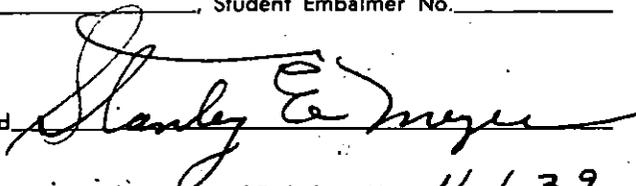
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4639

P. O. Address _____

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.