MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-044713
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 400

FILED NOV 19 1963

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL — Length of stay in 1b: 28 HRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LEVERING HOSPITAL — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: PIKE
c. CITY OR TOWN: FRANKFORD — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): EAST — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LURA Middle MAUDE Last BENN
4. DATE OF DEATH: Month NOV Day 14 Year 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/9/1882
9. AGE (last birthday): 80
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): FRANKFORD Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JEPPIE CASH
13b. MOTHER'S MAIDEN NAME: FANNIE KEITHLEY
14. NAME OF HUSBAND OR WIFE: HIRAM D. BENN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. M.C. BENN Address: FRANKFORD Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cystitis & Pyelitis — 2 years.
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-18-53, to 11-14-63 and last saw her alive on 11-14-63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED: 11-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV. 16-1963
23c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY
23d. LOCATION (City, town, or county) (State): FRANKFORD Mo.
24. FUNERAL DIRECTOR: MCGOWN FUNERAL HOME ADDRESS: FRANKFORD Mo
25. DATE RECD. BY LOCAL REG.: Nov. 15, 1963
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0648		
2	0820		
3			
4	1		
5	1		
6			
7	0		
8	0		
9	605X		
10			
11			
12	1-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

Permit received 11/15/63

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 Jose Freles Mignon

Licensed Embalmer No. 4093

P. O. Address Frankford 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.