

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047506

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 88 Primary Registration District No. 5325 Registrar's No. 57

STATE FILE NUMBER

FILED DEC 30 1963

VS 300 Rev. 4/59	DATE AMENDED
0280	
0280	
3 2	
4 0	
5 1	
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7 1	
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9 331x	
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12 90-0	
13 50	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COURTOIS TOWNSHIP</u>		Length of stay in lb <u>3 YRS.</u>	c. CITY OR TOWN <u>COURTOIS TOWNSHIP</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR-STEELVILLE, MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. STEELVILLE, MO.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES MARTIN BENSON</u>		4. DATE OF DEATH Month Day Year <u>DEC. 18-1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-8-1905</u>
9. AGE (last birthday) <u>58</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>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>MINERAL POINT-WIS.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JAMES R. BENSON</u>	
13b. MOTHER'S MAIDEN NAME <u>MAUDE MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>JANE BENSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		17. INFORMANT <u>JANE BENSON-STEELVILLE, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cerebral Vascular Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>second</u>
DUE TO (b) <u>Arteriosclerotic Hypertensive</u>			<u>years</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) <u>Arteriosclerotic Heart Disease</u>			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 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 Month, Day, Year a.m. p.m.			
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>Oct 62</u> to <u>18 Dec 63</u> and last saw her/him alive on <u>26 Nov 63</u> Death occurred at <u>3:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>London W. Puffer MD</u>		22b. ADDRESS <u>Bourbon, Mo</u>	22c. DATE SIGNED <u>20 Dec 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/21/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND-CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MINERAL POINT-WIS.</u>
24. FUNERAL DIRECTOR <u>HALBERT FUNERAL HOME-STEELVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>DECEMBER 23, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Harvey S. Beck</u>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 31 1963

MAR 23 1964

**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 Thomas J. Herbert

Licensed Embalmer No. 4337

P. O. Address STEELVILLE, 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.