

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42898

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4541 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fardland</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fardland</u> <u>112</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Dewitt</u> b. (Middle) <u>Chilton</u> c. (Last) <u>Bench</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1948</u>
5. SEX <u>MA</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 24, 1866</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u> Hours _____ Min. _____	
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 _____	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John C. Beach</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Kerchner</u>		14. NAME OF HUSBAND OR WIFE <u>Lula M. Beach</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pleas Smith</u> ADDRESS <u>Fardland</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H20.2</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Nov 20, 1948</u> , to <u>Nov. 20, 1948</u> , that I last saw the deceased alive on <u>Nov. 20, 1948</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. R. Schultz M.D.</u>		23b. ADDRESS <u>Fardland, Mo.</u>	23c. DATE SIGNED <u>11/17/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Finley</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Mo</u>
DATE REC'D BY LOCAL REG. <u>1-22-49</u>	REGISTRAR'S SIGNATURE <u>Lester D. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Kelley</u> ADDRESS <u>Fardland</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12
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RECEIVED
District Health Officer No. 6,
District File Number 149-100
Date Filed 1-31-49

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. 282

working under my personal supervision.

Signed Max L. Miller
Student Embalmer

Signed H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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 this body is not embalmed, fact should be so stated above.