No. 300
10-48

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27321

State File No.

BIRTH NO. [illegible] REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange, Mo
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
d. STREET ADDRESS (If rural, give location): N S A.

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) J. c. (Last) Benner

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 8, 1885
9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months: 6 Days: 8 IF UNDER 24 HRS. 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: X
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Geo A. Rockenfield
13b. MOTHER'S MAIDEN NAME: Minnie Parn
14. NAME OF HUSBAND OR WIFE: John E. Benner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Joel Benner

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old Hemiplegia

INTERVAL BETWEEN ONSET AND DEATH: 4 2 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: W. L. Eilers (Degree or title) M.D.
23b. ADDRESS: LaGrange Mo
23c. DATE SIGNED: Aug 17 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 18 '49
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Ewing Mo.

DATE REC'D BY LOCAL REG.: 8-19-49
REGISTRAR'S SIGNATURE: C. H. Jennings
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul G. Vaughan LaGrange Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1949

RECEIVED AUG 22 1949
District Health Officer No. 10
District File Number 8-49-145
Date Filed AUG 22 1949

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 or Licensed Embalmer No. _____, working under my personal supervision.

Signed: Paul A. Vaughn

Signed: _____
Student or Licensed Embalmer

Licensed Embalmer No. 4589

P. O. Address: La Grange, Tex.

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.