

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34088

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (In this place) lifetime		d. STREET ADDRESS (If rural, give location) 1504 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1504 S. Main		e. STREET ADDRESS (If rural, give location) 1504 S. Main	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Delbert c. (Last) Bensing			4. DATE OF DEATH (Month) (Day) (Year) Oct 25, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1893
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Monumental Business	11. BIRTHPLACE (State or foreign country) / 0 Jasper Co. Missouri
12. CITIZEN OF WHAT COUNTRY? US.		13a. FATHER'S NAME B. J. Bensing	
13b. MOTHER'S MAIDEN NAME Sahar Doris		14. NAME OF HUSBAND OR WIFE Cyra Hough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cyra Bensing, Carthage, Mo.			
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) Occlusion, Coronary Artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis with Hypertrophy DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from _____, 19____, to Oct 25, 1949 , that I last saw the deceased dead on Oct 25, 1949 , and that death occurred at 5:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE George H. Wood M.D.		23b. ADDRESS Carthage Mo	
23c. DATE SIGNED Oct 25 '49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-27-49	
24c. NAME OF CEMETERY OR CREMATORY Parkd Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 10-26-1949		REGISTRAR'S SIGNATURE L. B. Clinton	
25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME		ADDRESS Carthage, Mo.	

RECEIVED 10-31-49
Jasper County Health Office

County File Number 49-10-814

Date Filed 11-8-49

OCT 28 1953

NOV 10 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 Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Penney
Licensed Embalmer No. 4194

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 this body is not embalmed, fact should be so stated above.