

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4391**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4163** Registrar's No. **23**

0310  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>DAVIESS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>DAVIESS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JAMESPORT</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JAMESPORT</b>	
c. LENGTH OF STAY (In this place) <b>38</b>		d. STREET ADDRESS (If rural, give location) <b>9</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>WADSWORTH</b> c. (Last) <b>VAN BENSCHOTEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 27 1950</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>WH.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>N</b>	
8. DATE OF BIRTH <b>DEC. 8, 1854</b>		9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b> IF UNDER 4 HRS. Hour <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>RACINE, WIS.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>A.M.</b>		13a. FATHER'S NAME <b>SIMEON VAN BENSCHOTEN</b>		13b. MOTHER'S MAIDEN NAME <b>CHARISSA CHAPEL VAN BENSCHOTEN</b>	
14. NAME OF HUSBAND OR WIFE <b>deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Benschoten</b>		ADDRESS <b>JAMESPORT, MO</b>			

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) <b>(Scurfily) Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4500</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) (Min.)		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 **Jan 25, 1950**, to **Feb 27, 1950**, that I last saw the deceased alive on **Feb 27, 1950**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.B. Bailey</b> (Degree or title)		23b. ADDRESS <b>Jamesport Mo</b>		23c. DATE SIGNED <b>5-2-50</b>	
24a. BURIAL (Specify)		24b. DATE <b>3-2-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	
				24d. LOCATION (City, town, or county) (State) <b>Jamesport Mo.</b>	

DATE REC'D BY LOCAL REG. <b>H March 1950</b>		REGISTRAR'S SIGNATURE <b>George W Engelder</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rolland P. Richardson</b> ADDRESS <b>JAMESPORT MO.</b>	
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**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

*Rollin L. Richardson*

Licensed Embalmer No. 4715

P. O. Address Jamestown, 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.