

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8470**

0470  
5

FILED MAR 29 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Andria</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Andria</u> <u>043</u>	
c. LENGTH OF STAY (in this place) <u>1 yr - 5 mo - 20 d</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles East on Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beneviere</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Dell</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 12, 1865</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>84</u> <u>3</u> <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John S. Locke</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bendickson</u>	
14. NAME OF HUSBAND OR WIFE <u>William J. Dell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Judith Busney, Ironton, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>For advanced arteriosclerosis both legs - (surgone)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>11.500</u>		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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from <u>1-9</u> , 19 <u>50</u> , to <u>1-31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-27</u> , 19 <u>50</u> , and that death occurred at <u>11:55 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Harland mid.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	
23c. DATE SIGNED <u>2/2/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>2-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		DATE REC'D BY LOCAL REG. <u>Feb. 6, 1950</u>	
REGISTRAR'S SIGNATURE <u>Miss Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1950

RECEIVED

MAR 28 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-456

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

*Lyle H. White*

Licensed Embalmer No. 4395

P. O. Address Clinton 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.