FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11610

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 4 4 95 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORNFELT
c. LENGTH OF STAY (in this place): 1 YR.
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: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORNFELT
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): FRED
c. (Last): BENNER

4. DATE OF DEATH (Month) (Day) (Year): MAR 6 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APR 9 1883
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 10, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED B&B Dept
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): CARMI, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: ALONZO BENNER
13b. MOTHER'S MAIDEN NAME: ELLEN OLLIVER
14. NAME OF HUSBAND OR WIFE: MRS BEULAH BENNER

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.: DON'T KNOW
17. INFORMANT'S SIGNATURE OR NAME: Mrs Cleo Bain — ADDRESS: Fornfelt, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ✓CARCINOMA of prostate (supp. report) — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.

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?

SUPPLEMENTARY INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* Dec. 20, 1949, *to* March 6, 1950, *that I last saw the deceased alive on* March 6, 1950, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Denton Wilson D.O.
23b. ADDRESS: Fornfelt, Mo.
23c. DATE SIGNED: March 6, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-8-50
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU COUNTY MO.

DATE REC'D BY LOCAL REG.: 3-7-1950
REGISTRAR'S SIGNATURE: [illegible] 300
25. FUNERAL DIRECTOR'S SIGNATURE: Bopling Hoff / Funeral Home — ADDRESS: Illinois, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 1
District Health Offic
District File Number 35
Date Filed

MAR 21

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 Oliver C Smith

Licensed Embalmer No. 4470

P. O. Address Ilma, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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