

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27704  
Registrar's No. 168

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 4384

1. PLACE OF DEATH

a. COUNTY **Nodaway**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Skidmore**

c. LENGTH OF STAY (in this place) **38 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Skidmore, Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Nodaway**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Skidmore**

d. STREET ADDRESS (If rural, give location) **Skidmore, Mo.**

3. NAME OF DECEASED (Type or Print)

a. (First) **William** b. (Middle) **Joseph** c. (Last) **Benight**

4. DATE OF DEATH (Month) (Day) (Year) **Aug. 8, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Dec. 16, 1865** 9. AGE (In years last birthday) **84** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (State or foreign country) **Iowa**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Albert Benight** 13b. MOTHER'S MAIDEN NAME **Lucy Hale** 14. NAME OF HUSBAND OR WIFE **Alice E. Cunningham**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Esther Perkins Skidmore, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral hemorrhage**

ANTECEDENT CAUSES **arterio Sclerosis**

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 **33 IX**

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) \_\_\_\_\_ 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 **Jan 1948** to **8-8-50**, 1950, that I last saw the deceased alive on **8-8-50**, 1950, and that death occurred at **9 a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **F. E. Hogan M.D.** 23b. ADDRESS **Mound City Mo** 23c. DATE SIGNED **8-8-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 10, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Mo unt Hope Cemetery** 24d. LOCATION (City, town, or county) (State) **Mo unt City, Missouri**

DATE REC'D BY LOCAL REG. **8-11-50** REGISTRAR'S SIGNATURE **Bess Holt 229** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McClawford Mound City Mo**

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



**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 *W. L. Crawford*

Licensed Embalmer No. 1824

P. O. Address Camden City, 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.