

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41695
Registrar's No. 131

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayts Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Missouri
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele 2790
d. STREET ADDRESS (If rural, give location) Road 0

3. NAME OF DECEASED (First) James (Middle) Henry (Last) Benson
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
11-25-50

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 3-27-1865

9. AGE (In years last birthday) 85

IF UNDER 1 YEAR Months 7 Days 28

IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Berry Co. Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Robert A Benson ADDRESS Berry Co Tenn

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) Senility
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unable to be out of bed
DUE TO (c) for about 1 year
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
794X

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 March 1, 1947, to Nov 25, 1950, that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE S B Beecher (Degree or title) Ch. S.

23b. ADDRESS Southville

23c. DATE SIGNED 12-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 11-27-50

24c. NAME OF CEMETERY OR CREMATORY Mt Zion

24d. LOCATION (City, town, or county) (State) Steele Mo

DATE REC'D BY LOCAL REG. 12-12-50

REGISTRAR'S SIGNATURE John W Yerna

25. FUNERAL DIRECTOR'S SIGNATURE Benson Undert Co ADDRESS Steele Mo.

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

780
5

FILED 26 10 1950
C.ville

12-50-313

S. B. Beecher, M. D.,
Pemiscot County Health Department
Caruthersville, Missouri

DEC 18 REC'D

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John H. German

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.