

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26662**

FILED AUG 31 1951

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY Grundy 0402				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy 0402			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON JEFFERSON TWP		d. STREET ADDRESS (If rural, give location) Rt 1 #4	
3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Maie c. (Last) Bennaya				4. DATE OF DEATH (Month) (Day) (Year) Aug, 6th 1951			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 14, 1884	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) WINSTON, MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Geo. BUSTER		13b. MOTHER'S MAIDEN NAME SARAH L. HARKAVE		14. NAME OF HUSBAND OR WIFE J. A. BEVER APC			
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 Colman E. Bacon, Trenton Mo. ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis with chronic myocarditis DUE TO (c) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6-5 , 1951, to 8-6 , 1951, that I last saw the deceased alive on 8-6 , 1951, and that death occurred at 3:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. L. Clark M.D.				23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 8-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 8 1951		24c. NAME OF CEMETERY OR CREMATORY Home Grove		24d. LOCATION (City, town, or county) (State) Trenton Mo	
DATE REC'D BY LOCAL REG. Aug 8, 1951		REGISTRAR'S SIGNATURE Jeanne Jari 115		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Blackman, Trenton 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Gordon Blackman

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Trinton, ms

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.