

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40974**

FILED JAN 1952  
BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **4119** Registrar's No. **39**

0220

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

1. PLACE OF DEATH a. COUNTY <b>Christian County</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Alberta, Canada</b> COUNTY <b>8100</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ozark Mo</b>		c. LENGTH OF STAY (in this place) <b>3 hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Innsfail, Alberta, Canada</b>		d. STREET ADDRESS (If rural, give location) <b>Innsfail, Alberta Canada</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alfred</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Benedict</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 23, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 18, 1876</b>	9. AGE (In years last birthday) <b>75</b>	10. F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>Canada</b>	
13a. FATHER'S NAME <b>Not Known</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Blenkhorn, Lincoln, Nebraska</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>40 minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic undischarged</b> <b>Diagnosis from history</b> DUE TO (c) <b>by Daughter</b>				7 yr
	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 <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) <b>4214</b>			
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 <b>2</b> o'clock <b>19</b> , to <b>2:45</b> <b>19</b> , that I last saw the deceased alive on <b>Nov 22, 1951</b> , and that death occurred at <b>2:45 am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>R. P. Fanning</b>		(Degree or title) <b>MD</b>	23b. ADDRESS <b>Ozark Mo</b>		23c. DATE SIGNED <b>Nov 24-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 29, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Innsfail</b>	24d. LOCATION (City, town, or county) (State) <b>Alberta Canada</b>		
DATE REC'D BY LOCAL REG. <b>Dec 1-1951</b>	REGISTRAR'S SIGNATURE <b>Luthe Leonard</b>	59	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. B. Chaffin Ozark Mo</b>		

**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.....  
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.