

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2088

State File No.

FILED FEB 5 1952

BIRTH NO.		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>4344</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. 0700</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Benskin,</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>27th</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 27th 1864</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Portland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>David Frances Benskin,</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Atterharr,</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Delores Benskin,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John E. Benskin McKittrick Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <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)		1561	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Aug. 10, 1951</u> , to <u>Jan. 27, 1952</u> , that I last saw the deceased alive on <u>Jan. 24, 1952</u> , and that death occurred at <u>7:06 P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. O.</u> (Degree or title)				23b. ADDRESS <u>Herman, Mo.</u>		23c. DATE SIGNED <u>1/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 29th 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benskin Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>West of Americus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29 - 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Patricia Baker</u>		ADDRESS <u>Americus, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 DR Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.