

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1952

State File No. ....

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4537 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONDALE</u>	
c. LENGTH OF STAY (in this place) <u>48 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IRONDALE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>VIOLA</u> c. (Last) <u>BENOIST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 8 1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 26, 1865</u>
9. AGE (in years last birthday) <u>86</u>		10. UNDER 1 YEAR Months	10. UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN RAMSEY</u>		13b. MOTHER'S MAIDEN NAME <u>REBEKAH TEDDER</u>	
14. NAME OF HUSBAND OR WIFE <u>UNKNOWN PETER BENOIST</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EFFIE JONES FRANKLIN, MO.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES <u>(Influenza)</u> Morbidity 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 <u>481X</u>	
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)			
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 <u>1-4</u> , 19 <u>52</u> , to <u>1-8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>52</u> , and that death occurred at <u>3-9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward M. Poff M.D.</u>		23b. ADDRESS <u>Irondale, Mo.</u>	
23c. DATE SIGNED <u>1-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/10/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BIG RIVER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>IRONDALE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Tressie Eichenberger</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BOYER FUNERAL HOME LEADWOOD, MO.</u>		ADDRESS <u>—</u>	

RECEIVED

WASH. DEPT. OF HEALTH  
File No. 152-278

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood 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.