

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7623

State File No. ....

FILED MAR 17 1952

REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 76

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before death) a. STATE <u>Illinois</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>23 days</u>	c. CITY OR TOWN <u>Nashville</u> <u>ST 300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>409 Goodner St</u>	

3. NAME OF DECEASED (Type or Print) <u>KARL CHRISTOPHER BENKENDERFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 3, 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>Mar 3, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ludwig Benkenderfer</u>	13b. MOTHER'S MAIDEN NAME <u>Christina Stenburg</u>	14. NAME OF HUSBAND OR WIFE <u>Emelia Heide Benkenderfer</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Albert Heide Jackson 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral artery disease</u>		
	DUE TO (c) <u>Arthritis, loss of sight</u>		
11. 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
--	--	--

22. I hereby certify that I attended the deceased from Feb. 10, 1952, to March 3, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Wilson M.D.</u>	23b. ADDRESS (Degree or title) <u>714 Broadway, Cape Girardeau</u>	23c. DATE SIGNED <u>3-8-52</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John</u>	24d. LOCATION (City, town, or county) (State) <u>near Jackson Mo.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-10-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Jackson Mo.</u>
---	--	--

OCT 11 1952

AGE 6 1952

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 *A. C. Crace*.....

Licensed Embalmer No. *4527*.....

P. O. Address *Wilmington, N.C.*.....

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.