

No. 300
10.48

JUL 25 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24330

State File No.

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Twsp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. west of Graniteville</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. west of Graniteville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>STEVEN</u> c. (Last) <u>BENTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 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>July 13 1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>0</u> Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>live stock</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo.</u>	
13a. FATHER'S NAME <u>John Benton</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kane</u>		14. NAME OF HUSBAND OR WIFE <u>Lucinda Benton</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith Benton, Ironton Mo. Rt. 1</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>76 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial asthma</u>		
	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>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>m</u>		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 Jan 1, 1949, to July 22, 1952, that I last saw the deceased alive on 7-22, 1952, and that death occurred at 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gas W. Hussman</u>		23b. ADDRESS <u>Bismarck</u>		23c. DATE SIGNED <u>7-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 25-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

0470
no 50 &

NOV 2 9 1933

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 Paul J. White

Signed.....
Student Embalmer

Licensed Embalmer-No. 3012

P. O. Address Smith 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.