No. 306 10.48

DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39733

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. James Rural Mo
c. LENGTH OF STAY (in this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg, Rural-Mo
d. STREET ADDRESS (If rural, give location): D510

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Benson
c. (Last): Benson

4. DATE OF DEATH (Month) (Day) (Year): Nov 21-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept 22, 1865
9. AGE (In years last birthday): 87 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Knox
13b. MOTHER'S MAIDEN NAME: David Knox
14. NAME OF HUSBAND OR WIFE: David Knox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ferndale Nursing Home — ADDRESS: St. James Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension about — 4 years
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 13, 1950, *to* Nov. 21, 1952, *that I last saw the deceased alive on* Nov. 13, 1952, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. V. Hammler (Degree or title): M.D.
23b. ADDRESS: St. James, Mo.
23c. DATE SIGNED: 11.25.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dawson Cemetery
24d. LOCATION (City, town, or county) (State): St. James, Mo.

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Ruth B. Powell
25. FUNERAL DIRECTOR'S SIGNATURE: Oral E. Liebler — **ADDRESS**: St. James Mo

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number

Date Filed 12-3-52

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 ..... Me ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Orell E Lickliter

Licensed Embalmer No. 3544

P. O. Address St James 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.