

No. 300 ED JAN 26 1953

10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1272

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5552</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lanton Myatt</u>		c. LENGTH OF STAY (In this place) <u>62 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lanton rural Myatt</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0460</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>J.</u> c. (Last) <u>BENCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1953</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>Oct. 17, 1873</u>			
9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 YEAR Hours _____ Mins. _____		# UNDER 12 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>James Albert Vincent</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Garner</u>			14. NAME OF HUSBAND OR WIFE <u>Marion Bench</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Forester</u>				ADDRESS <u>Lanton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>depression heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATHIS and Rheumatism</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4341</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>1-11</u> , 19 <u>53</u> , to <u>1-14</u> , 19 <u>53</u> that I last saw the deceased alive on <u>1-14</u> , 19 <u>53</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. [Signature]</u> M.D.				23b. ADDRESS <u>See Airtel</u>		23c. DATE SIGNED <u>1/16/53</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Line Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Howell Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-21-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Carter</u>				ADDRESS <u>Shreve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

460

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

Edward J. [Signature]

Licensed Embalmer No. 4516

P. O. Address Shenandoah

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.