

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 4251 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Jefferson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmersville Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>Montebello Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Montebello Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>Mae</u> (Type or Print) b. (Middle) <u>M.</u> c. (Last) <u>Benner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 53</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>May 20, 1872</u>
9. AGE (in years) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>Carson Vaughan</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Uzzell</u>	13c. NAME OF HUSBAND OR WIFE <u>Elmer E. Benner</u>	
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 <u>Dr. Harold J. Ott</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <u>2816 Sutton</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr Cardiac Vascular Dis.</u>		Ch	
DUE TO (c) <u>Diffuse Ch. Arteriosclerosis</u>		Ch	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		Ch	
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?	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Jan 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>53</u> , and that death occurred at <u>NOON</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold J. Ott, M.D.</u>		23b. ADDRESS <u>2816 Sutton St Farm 17</u>	23c. DATE SIGNED <u>1/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/22/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lucas & Hunt Rd. Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 24-1953</u>	REGISTRAR'S SIGNATURE <u>Ruth Jiroa</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull Campbell</u>	ADDRESS <u>Montgomery St & 2nd Indell St</u>

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

500
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JAN 27 1953

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 *Ray C Campbell*

Licensed Embalmer No. *3881*

P. O. Address *W. Harris & Co*

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.