

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9603

FILED MAR 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5521</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY OR TOWN <u>Hermitage - Carter T.S.</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>		c. CITY OR TOWN <u>Hermitage - Carter Township</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles S. Hermitage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles S. Hermitage</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles S. Hermitage</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Benda</u> c. (Last) <u>Benda</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 20-1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Office Hermitage, Mo</u> ADDRESS _____			
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>Burned to death</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>69161/3</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Caught fire while burning barn</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hermitage Hickory Mo</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 8:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Collins</u> (Degree or title) <u>3 m. Coroner</u>				23b. ADDRESS <u>Hermitage Mo</u>		23c. DATE SIGNED <u>3-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oscola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oscola, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-13-1953</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Hathaway - Wheatland</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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