

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11232**
 Registrar's No. **3281**

FILED APR 4 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOH - Homer G. Phillips		e. STREET ADDRESS (If rural, give location) 10 4464 Green 2109			
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Benton c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3 24 53		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 4, 1880		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 5 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Will Williams		13b. MOTHER'S MAIDEN NAME Argusta Harper		14. NAME OF HUSBAND OR WIFE John Benton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Johnny Page 4464 Green St.		
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) Mit. d. Inf. B. C. 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.				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)	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? 410X			
22. I hereby certify that I attended the deceased from 3-4 , 1953, to 3-24 , 1953, that I last saw the deceased alive on 3-24 , 1953, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE J.W. Wilkeson (Degree or Title) M.D.		23b. ADDRESS 4464 Green		23c. DATE SIGNED 3-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-30-53	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem.	24d. LOCATION (City, town, or county) (State) Lemay, MO.		
DATE REC'D BY LOCAL REGS. MAR 27 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Keene 1221 N. Grand		

S.P. (Licensed Embalmer's Statement on Reverse Side)

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278
313

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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
Signature of Student Embalmer

Signed *Gayton Swan*

Licensed Embalmer No. *458*
P. O. Address *1221 24th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.