

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19082**

DATE OF DEATH **MAY 23 1953** REG. DIST. NO. **814** PRIMARY REG. DIST. NO. **6067** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Speedwell	c. LENGTH OF STAY (in this place) 7 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Speedwell 093	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Lylia	b. (Middle) MAY	c. (Last) Benson	4. DATE OF DEATH (Month) (Day) (Year) April 21 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4, 1882	9. AGE (In years last birthday) 70 yrs	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Leavenworth Co. Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Hoggatt	13b. MOTHER'S MAIDEN NAME Elizabeth Gish	14. NAME OF HUSBAND OR WIFE Harry Madison Benson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Robert Benson	ADDRESS 2269th Kansas City, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Seemed to be a coronary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis. Don't know DUE TO (c) for certain. This lady		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. was dead when I arrived			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **None**, 19___, to **None**, 19___, that I last saw the deceased alive on **at 70 total**, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Richardson M.D.	23b. ADDRESS Tiffin Mo.	23c. DATE SIGNED April 22/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair County Mo.
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DATE REC'D BY LOCAL REG. April 22/53	REGISTRAR'S SIGNATURE J. Seecor 288	25. FUNERAL DIRECTOR'S SIGNATURE Lewis + son	ADDRESS Schell City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

John G. Lewis

Licensed Embalmer No. 4774

P. O. Address. Schell City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.