

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27365**

FILED AUG 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>319</u>	PRIMARY REG. DIST. NO. <u>6080</u>	Registrar's No. <u>53</u>
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ste. Genevieve</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coffman Rural SALINE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coffman Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Coffman, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Isabelle</u> c. (Last) <u>Benedict</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 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>Dec 29 1859</u>	9. AGE (In years last birthday) <u>93</u> If UNDER 1 YEAR: Months <u>7</u> Days <u>2</u> If UNDER 11 HRS. <u>0</u> Mins. <u>0</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 (City and State or Foreign Country) <u>Grand Tower Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Sands</u>		
13b. MOTHER'S MAIDEN NAME <u>Martha Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Willis Benedict</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrtle Miller Coffman 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>Sclerotic heart disease - Coronary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio Sclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				
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) <u>4201</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 <u>7-22-53</u> , 19 <u>53</u> , to <u>7-31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>53</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>R. R. ...</u>		23b. ADDRESS <u>J. D. ... Farmington Mo</u>		23c. DATE SIGNED <u>8-1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Cozean Farmington</u>		
DATE REC'D BY LOCAL REG <u>Aug 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u>		

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

950

AUG 11 1950

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 _____

CH Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

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.