

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30984

State File No.

FILED OCT 14 1953

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5088 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Hudson Twp.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN RFD 3 Appleton City, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 3 Appleton City, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Rural, Hudson Twp.		0070	

3. NAME OF DECEASED (Type or Print) Admiral	a. (First) John	b. (Middle)	c. (Last) Benbow	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1953
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Month 4 Days 4	IF UNDER 24 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Saline Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eli M. Benbow	13b. MOTHER'S MAIDEN NAME Hattie F. Hayes	14. NAME OF HUSBAND OR WIFE Ruby Fern Benbow
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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 Ruby Fern Benbow	ADDRESS RFD 3 Appleton City
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	ANTECEDENT CAUSES DUE TO (b) possible broken neck <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) tractor turned over pinning <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION him underneath dead on arrival	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hudson Twp. Bates Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 2, 1953 4P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? tractor turned over
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22. I hereby certify that I attended the deceased from **Dead on arrival**, 19**53**, that I last saw the deceased alive on _____, 19____, and that death occurred at **4** m., from the causes and on the date stated above.

23a. SIGNATURE Cloris Smith	(Degree or title) acting corner	23b. ADDRESS Butler Bates Co. Mo.	23c. DATE SIGNED 10/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler Mo.
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DATE REC'D BY LOCAL REG Oct. 5-1953	REGISTRAR'S SIGNATURE Randall Kowalski	25. FUNERAL DIRECTOR'S SIGNATURE Culver-Underwood	ADDRESS Butler, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 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
Signature of Student Embalmer

Signed *Robert G. Stenlund*

Licensed Embalmer No. *4657*

P. O. Address *Butte, Mont.*

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.