

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 7

00220

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

I. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Rochester</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Empire 0020</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles South of Whitesville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew County Farm</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixon</u> b. (Middle) <u>Given</u> c. (Last) <u>Benefiel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. (date unknown) 1892</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months _____ Days _____
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 (City and State or Foreign Country) <u>Clarinda, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thurman Benefiel</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>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>20 yrs.</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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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>1-7</u> , 1954, to <u>1-14</u> , 1954, that I last saw the deceased alive on <u>1-13</u> , 1954, and that death occurred at <u>9:20</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Warren C. Baker M.D.</u>			23b. ADDRESS <u>107 N 6th Savannah, Mo</u>		23c. DATE SIGNED <u>1-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery St. Joseph, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>1-16-54</u>	REGISTRAR'S SIGNATURE <u>L. Sparto</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Rich</u>	ADDRESS <u>Savannah Mo.</u>		

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

Wm A. Rich

Licensed Embalmer No. 4778

P. O. Address Savannah, 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.