

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

28037

State File No. \_\_\_\_\_

No. 300  
10-48

FILED SEP 13 1954

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5095</u>		Registrar's No. <u>69</u>				
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rock Township</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY OR TOWN <u>Rock Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Maxville, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>0500</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle) <u>Anna</u>			c. (Last) <u>Bender</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1954</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 30, 1883</u>		
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>near Maxville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Henry G. Kohr</u>			13b. MOTHER'S MAIDEN NAME <u>Christina Priester</u>			14. NAME OF HUSBAND OR WIFE <u>Fred Bender (Deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Victor Bender</u>					ADDRESS <u>Arnold, 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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paragon (General)</u></p> <p align="center">ANTECEDENT CAUSES <u>Primary uterus</u></p> <p align="center">*Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) _____</p> <p align="center">DUE TO (c) _____</p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND 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>Arnold Jefferson Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>174 X</u>						
22. I hereby certify that I attended the deceased from <u>July 1952</u> to <u>9/1/54</u> , that I last saw the deceased alive on <u>9/1/54</u> , and that death occurred at <u>4:05</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>R. R. [Signature]</u>				23b. ADDRESS <u>Imperial Mo</u>				23c. DATE SIGNED <u>9/2/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 4, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>		24d. LOCATION (City, town, or county) (State) <u>Arnold, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>9/4/54</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u>		438		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligtag Funeral Home</u>				
				ADDRESS <u>Imperial, Mo</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 8 1954

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 *Elmer A. Whitgas*.....

Licensed Embalmer No. 357

P. O. Address *Imperial*.....

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.