

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30444

BIRTH NO. REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Howell</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Willow Springs</b>		c. LENGTH OF STAY (In this place) <b>Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Willow Springs</b>		d. STREET ADDRESS (If rural, give location) <b>0460</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Thomas</b> c. (Last) <b>BENTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 7, 1873</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>26</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Carpenter</b>		11. BIRTHPLACE (State or foreign country) <b>Dent County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John W. Benton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Cheek</b>		14. NAME OF HUSBAND OR WIFE	
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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) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Benton, Minneapolis, Minn.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage, Cerebral</b>				INTERVAL BETWEEN ONSET AND DEATH <b>One Week</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 <b>331 X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **8/26, 1954** to **9-3-54**, 19\_\_\_, that I last saw the deceased alive on **9/3, 1954** and that death occurred at **6:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. M. B. Perkins, M.D.</b>		23b. ADDRESS <b>Willow Springs, Mo.</b>		23c. DATE SIGNED <b>9/7/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-5-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Willow Springs, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>9/18/54</b>		REGISTRAR'S SIGNATURE <b>Marshall Bell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Burns Funera 1 Home, Willow Spgs., Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

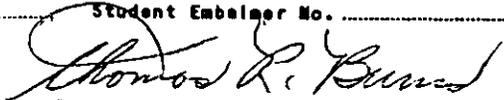
**STATEMENT BY LICENSED EMBALMER**

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 .....  
Student Embalmer

Student Embalmer No. ....



Signed.....  
Thomas R. Burns

Licensed Embalmer No.....4214.....

P. O. Address.....Willow Springs, 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.