

FILED AUG 15 1955

STANDARD CERTIFICATE OF DEATH

44421

State File No.

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi		
1b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Charleston		c. LENGTH OF STAY (in this place) 13 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		06720
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 S. Locust St.			d. STREET ADDRESS (If rural, give location) 216 S. Locust St.		
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Benford	c. (Last) Benford	4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1887	9. AGE (In years: last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unk.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE	
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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gaitha Wells, 216 S. Locust, Charleston, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 min ?
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)	4201		
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 11/30, 1954, to 12/19, 1954, that I last saw the deceased alive on 12/30, 1954, and that death occurred at 2:55 P.m., from the causes and on the date stated above.					
23a. SIGNATURE Dr. E. J. ...			23b. ADDRESS 5th Charleston, Mo.		23c. DATE SIGNED 12/24/54
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri		
DATE REC'D BY LOCAL REG. 8-2-JT	REGISTRAR'S SIGNATURE Jean Beames 4201		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Charleston, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1955

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 12 1955

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 _____

Body Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Sparks*

Licensed Embalmer No. *3253*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.