

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1955

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Barry</u> <u>0051</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Monett</u> OR TOWN <u>Monett</u> c. LENGTH OF STAY (In this place) <u>One week</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>		c. CITY OR TOWN <u>Monett</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>Route #1</u>		f. (If rural, give location) <u>0550</u>	

3. NAME OF DECEASED a. (First) Della b. (Middle) mae c. (Last) Benbrook 4. DATE OF DEATH (Month) (Day) (Year) 1-13-1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 2-24-1883 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 9 Days 19 IF UNDER 24 HRS. Hours 19 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo. O 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Samuel Shipman 13b. MOTHER'S MAIDEN NAME Elvira Harris 14. NAME OF HUSBAND OR WIFE Elmer Benbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 489-18-3988B 17. INFORMANT'S SIGNATURE OR NAME Elmer Benbrook ADDRESS Lamar, Colorado

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stroke of Apoplexy MEDICAL CERTIFICATION. INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 334X

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-16-55, 1955, to 1-13-55, 1955, that I last saw the deceased alive on 1-17-55, 1955, and that death occurred at 5:03 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Monett, Mo. 23c. DATE SIGNED 1-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-16-55 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 24d. LOCATION (City, town, or county) (State) Monett, Mo.

DATE REC'D BY LOCAL REG. 1-15-55 REGISTRAR'S SIGNATURE Mrs. P. N. Cook 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Merger Funeral Home, Monett, Mo.

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 155-181

DATE REC. 1-19-55

FEB 25

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 Roy H. Mercer

Licensed Embalmer No. 4431

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.