

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

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20824**

BIRTH NO. _____		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 6149		Registrar's No. 14		
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard				
b. CITY OR TOWN Rural Duck Creek		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural Duck Creek		d. STREET ADDRESS (If rural, give location) Puxico R# 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME NEAR PUXICO				d. STREET ADDRESS (If rural, give location) Puxico R# 1030				
3. NAME OF DECEASED a. (First) Mollie			b. (Middle) Christina		c. (Last) Benson		4. DATE OF DEATH (Month) (Day) (Year) June 10 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 18 - 1874		9. AGE (In years) (last birthday) 81	IF UNDER 1 YEAR Days 2	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Puxico Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J. Pendergras		13b. MOTHER'S MAIDEN NAME Jane Goforth		14. NAME OF HUSBAND OR WIFE — Deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Ernest Benson		ADDRESS Puxico 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive Heart failure			INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Radio-vascular-renal disease 4 years				
				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 442X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19 <u>45</u> , to <u>6-10</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on 6-9</u> , 19 <u>55</u> , and that death occurred at _____ from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Deed or title)				23b. ADDRESS Puxico Mo		23c. DATE SIGNED 6-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-12-55	24c. NAME OF CEMETERY OR CREMATORY Puxico		24d. LOCATION (City, town, or county) (State) Puxico Mo			
DATE REC'D BY LOCAL REG. 7/10/55		REGISTRAR'S SIGNATURE [Signature] 490		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Puxico Mo		

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 _____

Wm H. Morgan

Licensed Embalmer No. _____

04649

P. O. Address _____

Advantage, N.C.

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.