

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41253

State File No.

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 57667 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural (Bedford Twp.)</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Days</u>		e. STREET ADDRESS (If rural, give location) <u>Farm residence (Snow Hill Twp.)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>	b. (Middle) <u>X</u>	c. (Last) <u>Bench</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1955.</u>
--	----------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 10, 1861</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri (?)</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida (?)</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>Span. Amer. None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tillie Mains Briscoe Mo. (Gr. Niece)</u>	ADDRESS <u>(Gr. Niece)</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u>		10 YRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HT. DIS.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/200</u>			

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)
--	--	---

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 12-1, 1955, to 12-13, 1955, that I last saw the deceased alive on 12-13, 1955, and that death occurred at 10⁰⁰ A. m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Louis P. Heltzer M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>303 Wood, Troy, Mo</u>	23c. DATE SIGNED <u>12/14/55</u>
---	-------------------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Alexandria Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Missouri.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home Troy, Missouri.</u>	ADDRESS
---	---	---------

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, ~~XXX~~ Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J Marsh.....

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missou.....

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.