No. 300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10049

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOTHWELL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN: DRESDEN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): None

0.80 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Chewning
c. (Last): Benz

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 26, 1879
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Cooper, County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John W. Chewning
13b. MOTHER'S MAIDEN NAME: Margaret Rogers
14. NAME OF HUSBAND OR WIFE: Louis Benz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Dora Benz
ADDRESS: North Kansas City, 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) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intertrochanteric fracture rt. femur — 8 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardiovascular dis. — 10+ yrs

19a. DATE OF OPERATION: 4-5-56
19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture right femur 9040 21
20. AUTOPSY? YES [ ] NO [X]
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fall 4-1-56
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Dresden (COUNTY): 080 Pettis (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* 4/2, 1956, *to* 4/9, 1956, *that I last saw the deceased alive on* 4/9, 1956 *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Edwards
(Degree or title): MD
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 4/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/14/56
24c. NAME OF CEMETERY OR CREMATORY: Dresden Cemetery
24d. LOCATION (City, town, or county): Dresden, Missouri (State)

DATE REC'D BY LOCAL REG.: 4-13-56
REGISTRAR'S SIGNATURE: Lavina Elbert Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Duane Ewing
ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 241

P. O. Address Sedali

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.