

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12843**

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 4180		Registrar's No. 93		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler				
b. CITY (If outside corporate limits, write RURAL and give town) Campbell		c. LENGTH OF STAY (in this place) 79 Yrs		c. CITY OR TOWN Campbell		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 601 Lake St. 0350				
3. NAME OF DECEASED (Type or Print) a. (First) Benjiman b. (Middle) Harrison c. (Last) Benson			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 10, 1867		
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John Benson			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ethel Benson		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Lorene Parrent Campbell 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA 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 WEEK UNKNOWN	
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) 4500				
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 2-1, 1956 , to 4-5, 1956 , that I last saw the deceased alive on 4-5, 1956 , and that death occurred at 8:00P m., from the causes and on the date stated above.								
23a. SIGNATURE James P. Bettel mo					23b. ADDRESS Piggott, Ark.		23c. DATE SIGNED 4-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Piggott Cem.		24d. LOCATION (City, town, or county) (State) Piggott Ark.			
DATE REC'D BY LOCAL REG. 4-9-56		REGISTRAR'S SIGNATURE Mrs Deulah Campbell			25. FUNERAL DIRECTOR'S SIGNATURE Russell Mortuary Piggott Ark.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 4-16-56
COUNTY FILE NUMBER 457

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy J. Tyler.....
Licensed Embalmer No. 492

P. O. Address Biggott.....

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.