S. No. 300
v. 10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

502

State File No. .....

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 106

0164

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 1 Mo. 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olmsted
d. STREET ADDRESS (If rural, give location): None

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3. NAME OF DECEASED (Type or Print)
a. (First): Mack
b. (Middle):
c. (Last): Benson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1957

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 31, 1870
9. AGE (In years last birthday): 86 — If under 1 year: Months - Days 2 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Mt. Vernon, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin Benson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Sarah Benson

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: Willie Brown — ADDRESS: P.O. Box 125 Olmsted, Illinois

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): ~~[illegible]~~ Sepsis with Bladder Stone
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ~~[illegible]~~
DUE TO (c): ~~[illegible]~~

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bladder neck obst with necrosis of bladder and ant. abd. wall

INTERVAL BETWEEN ONSET AND DEATH: ? at least 2 yrs.

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19a. DATE OF OPERATION: 12-8-56
19b. MAJOR FINDINGS OF OPERATION: Bladder Calculus (large)
20. AUTOPSY? YES ☐ NO ☒

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): 604X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 12-8-56, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. R. Neubauer M.D.
23b. ADDRESS: 219 N Pacific Cape Girardeau Mo
23c. DATE SIGNED: 1-21-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/57
24c. NAME OF CEMETERY OR CREMATORY: Thistlewood
24d. LOCATION (City, town, or county) (State): Mounds, Illinois

DATE REC'D BY LOCAL REG.: 1-21-57
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Edward H. Ruffin — ADDRESS: Cairo, Ill.

44-C

(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 embalmed by me, or by _____

_____; Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Edward N. Ruffin

Illinois Licensed Embalmer No. 29-7246

P. O. Address Cairo, Illinois

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.