

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **9566**  
 Registrar's No. **38**

FILED APR 8 - 1957

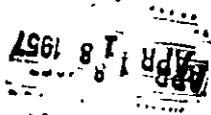
BIRTH NO. _____		REG. DIST. NO. <b>270</b>		PRIMARY REG. DIST. NO. <b>3050</b>		Registrar's No. <b>38</b>	
1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Caruthersville</b>		c. LENGTH OF STAY (In this place) <b>30 yrs.</b>		c. CITY OR TOWN <b>Caruthersville</b>		d. 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 <b>1211 Madison</b>				e. STREET ADDRESS (If rural, give location) <b>1211 Madison</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>Collins</b>			c. (Last) <b>Benney</b>	
4. DATE OF DEATH <b>March 25, 1957</b>		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>7-3-1882</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New York, N. Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Maryh Benney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>June Hogan</b> ADDRESS <b>Wardell, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>4201</b> (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James G. Osburn</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Wardell, Mo.</b>			23c. DATE SIGNED <b>3-25-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-27-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wardell Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 2, 1957</b>		REGISTRAR'S SIGNATURE <b>Freeman B. Welch</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Osburn Funeral Home, Wardell, Mo.</b> ADDRESS _____			

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

947

4-82-57

APR 5 1957



PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *James A. Osburn* .....

Licensed Embalmer No. ... 4185 ...

P. O. Address ..... Wardell, Mo .....

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.