

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23527

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sturgeon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Boone Co. Hospital			Length of stay in lb 17 das.		d. STREET ADDRESS (If outside, give location) -----		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Martha Josephine Benson				4. DATE OF DEATH July 17 1957		First Middle Last Month Day Year	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 14, 1873	
9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Sturgeon, Missouri	
10c. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Dennis Edward Benson		14. MOTHER'S MAIDEN NAME Bridget Bedelia Hanley		17. INFORMANT Mrs. M. A. Bartee, Sturgeon, Mo.	
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. ADDRESS 9040		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fract. left femur Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21							INTERVAL BETWEEN ONSET AND DEATH 2 wks
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall in home.					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. July 3, '57.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Name		20f. CITY, TOWN, OR LOCATION Sturgeon Boone Mo.	
21. I attended the deceased from 7-7-57 to 7-17-57 and last saw her alive on 7-16-57 . Death occurred at 5:56 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. J. Bartee, M.D.				22b. ADDRESS Columbia, Mo.		22c. DATE SIGNED 7/18/57.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 19, 1957		23c. NAME OF CEMETERY OR CREMATORY Sturgeon Cemetery		23d. LOCATION (City, town, or county) (State) Sturgeon, Missouri	
24. FUNERAL DIRECTOR Bill P. Neider, Sturgeon, Mo.		25. DATE RECD. BY LOCAL REG. July 22, 1957		26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer			

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(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
Signature of Student Embalmer

Signed *Bill J. Meador*

Licensed Embalmer No. *45*

P. O. Address *Sturgeon*

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