

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1832
STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 8

300
-57

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1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waverly</u>		c. CITY OR TOWN <u>Carrollton, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Helling Clinic</u>		d. STREET ADDRESS <u>306 Prospect</u>	
3. NAME OF DECEASED First <u>MARY MARGARET</u> Middle <u>BENJAMIN</u> Last <u>BENJAMIN</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>29</u> Year <u>1958</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2 1863</u>
9a. AGE (In years last birthday) <u>94</u>	9b. IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Clayton Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Coffin</u>	
14. NAME OF HUSBAND OR WIFE <u>Abram Benjamin</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. S. J. Findley, Carrollton Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>carcinoma of head of pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1/15/58 plus</u>
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) <u>uremia secondary to renal insufficiency.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Waverly, Missouri</u>		20f. COUNTY <u>Carrollton</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1/15/58</u> to <u>1/29/58</u> and last saw her <u>alive</u> on <u>1/29/58</u> Death occurred at <u>2:35 P.M.</u> (on the date stated above; and to the best of my knowledge, from the causes stated.)			
22a. SIGNATURE <u>Jordan Helling M.D.</u> (Degree or title)		22b. ADDRESS <u>Waverly, Missouri</u>	
22c. DATE SIGNED <u>1/30/58</u>		23a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	
23b. DATE <u>1-31-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
23d. LOCATION (City, town, or county) <u>Carrollton Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Standley & Gibson, Carrollton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-30-58</u>	
26. REGISTRAR'S SIGNATURE <u>Maud Bailey</u>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.