

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024629

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 836

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph <u>01170</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunmyslope Nurs. Home		d. STREET ADDRESS (If outside, give location) 1312 Francis	
3. NAME OF DECEASED (Type or print) First BENSON		4. DATE OF DEATH Month Day Year August 4, 1958	
Middle W.		Last FORDYCE	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 13, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dental	9. AGE (In years last birthday) 87
11. BIRTHPLACE (City and state or country) Bedford, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Unknown		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. 493-18-8242A		17. INFORMANT Address Mrs. Birdie Noe, 1312 Francis, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver + stomach			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X			
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>some time past</u> to <u>8-4-58</u> and last saw him alive on <u>8-4-58</u> Death occurred at <u>8:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. E. Benson		22b. ADDRESS 423 Main	
22c. DATE SIGNED 8-5-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Aug. 6, 1958		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem.	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Walter Bowman		25. DATE RECD. BY LOCAL REG. Aug 6, 1958	
26. REGISTRAR'S SIGNATURE Wm. Clark Handell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 1 1958

Dr. H. E. Pierson, M.D.
423 Main St.
Today 8:55

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 *John W. Henrich*
Licensed Embalmer No. *4848*
P. O. Address *K. E. Ma*

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.