

1. Health,  
& Welfare  
2. Public  
Health Service  
370  
S. 300 1  
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028748  
STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 119 Primary Registration District No. 5442 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>6370</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi. SW. of Heermann</u>		Length of stay in lb <u>134es</u>	d. STREET ADDRESS (If outside, give location) <u>14 mi. SW. of Heermann</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK CLARENCE BENSON</u>			4. DATE OF DEATH Month Day Year <u>AUG 14 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT-1-1908</u>	9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN'L Farming</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Wm G BENSON</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SPORE</u>		14. NAME OF HUSBAND OR WIFE <u>PAULINE BENSON</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>492-076477-</u>		17. INFORMANT Address <u>PAULINE BENSON R2 Heermann 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>Coronary Occlusion.</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Angina Pectoris.</u>					
DUE TO (c) <u>Cardiac Decompensation.</u> <u>4201</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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>8/11/58</u> to <u>8/12/58</u> and last saw him alive on <u>8/12/58</u> Death occurred at <u>2:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>S.W. Daston</u> (Degree or title) <u>2</u>			22b. ADDRESS <u>Heermann, Mo.</u>		22c. DATE SIGNED <u>8/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8/18/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. GEORGE Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Heermann Mo</u>
24. FUNERAL DIRECTOR <u>HUGO H. Blumer</u>		ADDRESS <u>Heermann Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-1958</u>	26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 .....  
*August Deumer*  
Licensed Embalmer No. 3160  
P. O. Address Herrmann No

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.