

Health,
& Welfare
Public
Service
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S. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040420
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Cartersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hosp		d. STREET ADDRESS 200 W. Main St	
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER GORDON BENWARD		4. DATE OF DEATH Month Day Year Dec 1, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 19, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auto license agent		10b. KIND OF BUSINESS OR INDUSTRY tax	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) Ritzville, Washington		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Benward		13b. MOTHER'S MAIDEN NAME Grace Copeland	
14. NAME OF HUSBAND OR WIFE Laura Benward		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. 492-20-6366		17. INFORMANT Address 200 W. Main Mrs. C.G. Benward, Cartersville, 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) Acute left ventricular failure			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
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) Sclero Dema - Pericarditis Noodles			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 March 14 58, to 12-1-58 and last saw her alive on 12-1-58 Death occurred at 8:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mrs. W. J. [Signature] MD		22b. ADDRESS Carthage, Mo	
22c. DATE SIGNED 12-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-4-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Webb City, Mo
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary		ADDRESS Webb City	25. DATE RECD. BY LOCAL REG. 12-4-58
		26. REGISTRAR'S SIGNATURE Ely. Clutter	

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 *Jack C. Simpson*
Licensed Embalmer No. *4647*
P. O. Address *Webb City,*

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.