

Health,
Welfare
Public
Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043915
STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN West Plains ⁰⁴⁶⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 211 West Olden Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle WESLEY Last BENTON			4. DATE OF DEATH Month Dec. Day 12 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 10, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper, retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 94 FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Wilson, N. C.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Wesley Benton		13b. MOTHER'S MAIDEN NAME Whitaker	14. NAME OF HUSBAND OR WIFE (2) Addie Hardy Benton
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. INFORMANT Address Robert Benton, Goshen, Ind.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sensitivity			INTERVAL BETWEEN ONSET AND DEATH 40 hours
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 8-24-55 to 12-12-58 and last saw ^{her} _{him} alive on 12-12-58 Death occurred at 11 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) Jack N. Wilson, M.D.		22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED 12-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Howell Valley Cem.	23d. LOCATION (City, town, or county) (State) Howell County, Mo.
24. FUNERAL DIRECTOR Hal Homburg		ADDRESS WEST PLAINS, MO.	25. DATE RECD. BY LOCAL REG. 12-18-58
26. REGISTRAR'S SIGNATURE Beatrice Cook			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Hal Thompson*

Licensed Embalmer No. *3408*
CARTER FUNERAL HOME
P. O. Address WEST PLAINS, MO.

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.