

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044-781

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		c. CITY OR TOWN Old Monroe 0570	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hospital		d. STREET ADDRESS (If outside, give location) Farm Residence	
3. NAME OF DECEASED (Type or print) First William Middle Ernest Last Benedict		4. DATE OF DEATH Dec. 24, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒	8. DATE OF BIRTH Sept 30, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	
11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Levi S. Benedict		13b. MOTHER'S MAIDEN NAME Fannie Rose Jennings	
14. NAME OF HUSBAND OR WIFE Mary ???		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mrs Arch Benedict, Old Monroe, 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) Cerebral Vascular Accident Arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 2/5/58 to 12/24/58 and last saw him alive on Dec. 24, 1958 Death occurred at 11:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. C. Church (Degree or title) M.D.		22b. ADDRESS Troy, Missouri	
22c. DATE SIGNED 12/26/58			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/27/58	23c. NAME OF CEMETERY OR CREMATORY Highland Prairie Cem.	23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-58	
26. REGISTRAR'S SIGNATURE Charlotte Leek			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 12 1959

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 Joseph J. Marsh

Licensed Embalmer No. 3932.....

P. O. Address...Troy, Missouri

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.