

4 copies

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018870

STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 190

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) Elvins		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Flat River, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Benham Nursing Home		Length of stay in lb 5 das.		d. STREET ADDRESS (If outside, give location) 416 Crane Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Clemons Benham				4. DATE OF DEATH Month Day Year May 10th 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 20, 1887		9. AGE (In years last birthday) 71	IF UNDER 24 HRS. Hours Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician (retired)	10b. KIND OF BUSINESS OR INDUSTRY Lead mining		11. BIRTHPLACE (City and state or country) St. Mary's Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John W. Benham			13b. MOTHER'S MAIDEN NAME Prudie Arbucke		14. NAME OF HUSBAND OR WIFE Sarah Jane Benham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Navy 1907-1911		16. SOCIAL SECURITY NO. 493-03-9862		17. INFORMANT Address Sarah Jane Benham, Flat River, 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) Inanition and debilitation						INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized metastatic Carcinomatous						1 yr.	
DUE TO (c) Carcinoma of the stomach						9 yrs	
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? 2 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 (a) or PART II of item 18.) 151X				
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 2-1-1954 to 5-10-1959 and last saw her alive on 5-5-59 Death occurred at 7:25 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. H. Morris, M.D.				22b. ADDRESS Flat River, Mo.		22c. DATE SIGNED 5-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery		23d. LOCATION (City, town, or county) (State) Bismarck Missouri		
24. FUNERAL DIRECTOR ADDRESS Alvin W. Hood, Flat River, Mo			25. DATE RECD. BY LOCAL REG. May 13, 1959		26. REGISTRAR'S SIGNATURE E. O. Rudloff		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 20 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 *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address

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.