Dept. Health, Educ., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED VS NOV 23 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-039853
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 23 West Plains — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b
d. STREET ADDRESS Rt 3 (If outside, give location) — Reside on Farm Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Herbert Middle Isaac Last Benson

4. DATE OF DEATH Month Nov Day 5 Year 1959

5. SEX M. 6. COLOR OR RACE Wht 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 4-4-1875 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Moline Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Benson 13b. MOTHER'S MAIDEN NAME Christine Peterson 14. NAME OF HUSBAND OR WIFE Alma Benson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Alice Seddinger Address West Plains

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) and Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 WORK ☐ 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 8-12-58 to 5 Sept. 1959 and last saw him alive on 29-8-59
Death occurred at 2:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. 22b. ADDRESS West Plains. Mo 22c. DATE SIGNED 10 Nov 59

23a. BURIAL, CREMATION, REMOVAL (Specify) B. 23b. DATE 11-10-59 23c. NAME OF CEMETERY OR CREMATORY Rock River View Cem 23d. LOCATION (City, town, or county) (State) Moline Ill

24. FUNERAL DIRECTOR Robertson's West Plains Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 11-20-59 26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

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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 R. T. Osago

Licensed Embalmer No. 4547

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.