

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019992

FILED VS JUN 7 1960

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 51

1. PLACE OF DEATH a. COUNTY LEWIS COUNTY, MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON TOWNSHIP		Length of stay in 1b 4 MOS.		c. CITY OR TOWN TAYLOR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PRAIRIE VIEW REST HOME				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 MI. SOUTH OF TAYLOR	
3. NAME OF DECEASED (Type or print) First Middle Last ELLA VICTOR BENSON				4. DATE OF DEATH Month Day Year May 28 1960			
5. SEX FEMALE	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 8/23/1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) PALMYRA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME MARTIN GASH			13b. MOTHER'S MAIDEN NAME SUSIE PALMER		14. NAME OF HUSBAND OR WIFE JOHN BENSON		
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 Emma Lucke Palmyra, Mo. R. 1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular-renal disease							INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c)		Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 May 24, 1960 to May 28, 1960 and last saw her alive on May 24, 1960 Death occurred at 6:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) Harry L. Wilbrock D. O.				22b. ADDRESS La Belle, Missouri		22c. DATE SIGNED 6/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE MAY 31, 1960	23c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVET CEMETERY		23d. LOCATION (City, town, or county) TAYLOR MISSOURI		(State)	
24. FEDERAL DIRECTOR Charles L. Arnold, Jr.		ADDRESS LEWISTOWN, MO.	25. DATE RECD. BY LOCAL REG. 6-2-60		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISS

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.