

FILED VS JUL 25 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-027516
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Belle</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Knox City</u> <u>0520</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sisk Nursing Home</u>				Length of stay in lb <u>8 Month</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Isa</u> Middle <u>Agnes</u> Last <u>Benner</u>				4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 17, 1893</u>	
						9. AGE (In years last birthday) <u>67</u>	
						IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	
						IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Knox City, Missouri</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward F. Benner</u>				13b. MOTHER'S MAIDEN NAME <u>Celia Veal</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>496-18-3019-A</u>		17. INFORMANT <u>Ray Benner</u>	
						Address <u>La Belle, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-vascular-renal disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Paralysis agitans</u>							<u>1 year</u>
DUE TO (c) <u>350X</u>							
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? 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> 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 <u>Oct. 24, 1959</u> to <u>July 13, 1960</u> and last saw her alive on <u>July 12, 1960</u> Death occurred at <u>7:15</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Harry A. Brackman</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>La Belle, Missouri</u>		22c. DATE SIGNED <u>7/15/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/15/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bea Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Knox City, Missouri</u>	
24. FUNERAL DIRECTOR <u>John J. LaBelle, Inc.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>7-18-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	

JUL 26 1960

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

Licensed Embalmer No.

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.