URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

60-031087
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 159 Registrar's No. 109

ENDED

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FESTUS
Length of stay in 1b: 2yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MT VIEW N.H
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: JEFF
c. CITY OR TOWN: HEMATITE
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Main ST
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LENA Middle: MARY Last: BENSON
4. DATE OF DEATH: Month: Aug Day: 27 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-5-74
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): Unk
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unk
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND ~~OR WIFE~~: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: WELFARE OFFICE Address: HILLSBORO, MO

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): Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Worse 1 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 7-24-58, to 8-27-60 and last saw her alive on 8-27-60
Death occurred at 3:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R D Donnell, M.D. (Degree or title)
22b. ADDRESS: Crystal City, Mo.
22c. DATE SIGNED: 8-28-60

23a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial
23b. DATE: 8/29/60
23c. NAME OF CEMETERY ~~OR CREMATORY~~: CITY
23d. LOCATION (City, town, or county): DE SOTO, (State): MO

24. FUNERAL DIRECTOR: MAHN FUNERAL HOME ADDRESS: DE SOTO, MO
25. DATE RECD. BY LOCAL REG.: Sept 2, 1960
26. REGISTRAR'S SIGNATURE: John N. Stoll Deputy

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Gerald J. Mah

Signature of Student Embalmer

Licensed Embalmer No. 4975

P. O. Address Del Sol

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.