

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000713

FILED VS JAN 30 1961 82 Primary Registration District No. 3017 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Neb.</b> b. COUNTY <b>Valley</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boonville.</b>			Length of stay in lb. <b>2 hr.</b>		c. CITY OR TOWN <b>Ord</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>501 E. High St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Frank Henry Benda</b>				4. DATE OF DEATH Month Day Year <b>January 24, 1961</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/9/1924</b>	9. AGE (last birthday) <b>36</b>	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) <b>Clark</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>clothing store</b>		11. BIRTHPLACE (City and state or country) <b>Ord, Neb.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>Frank J. L. Benda</b>			13b. MOTHER'S MAIDEN NAME <b>Cacilie Absolon</b>		14. NAME OF HUSBAND OR WIFE <b>never married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Cacilie Benda Ord, Neb.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation &amp; asphyxia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>(7)</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Epileptic seizure &amp; aspirin water while taking bath</b>							
DUE TO (c) <b>while taking bath</b>							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>while taking bath had epileptic seizure &amp; strangulation occurred from aspirin &amp; aspirin water</b>				
20c. TIME OF INJURY Hour <b>11:45</b> p.m. Month, Day, Year <b>1 24 61</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Frederick Hotel</b>		20f. CITY, TOWN, OR LOCATION <b>Boonville Cooper Mo</b>	
21. I attended the deceased from <b>about 11:45</b> <del>from about 11:45</del> <sup>to about 11:45</sup> <del>at</del> <sup>at</sup> <del>his</del> <sup>her</sup> <del>home</del> <sup>address</sup> <del>on</del> <sup>on</sup> the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>about 11:45</b> <del>on</del> <sup>at</sup> <del>the</del> <sup>the</sup> <del>address</del> <sup>address</sup> <del>on</del> <sup>on</sup> the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>M L Decker</b>				22b. ADDRESS <b>Boonville Mo</b>			22c. DATE SIGNED <b>1/24/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/25/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ord, Neb</b>		23d. LOCATION (City, town, or county) <b>Ord, Neb.</b>		(State)
24. FUNERAL DIRECTOR <b>Goodman &amp; Boller Boonville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>1/25/61</b>		26. REGISTRAR'S SIGNATURE <b>Hooper</b>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo

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.