

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000879

FILED 13 JAN 17 1961

STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		c. CITY OR TOWN HERMANN	
Length of stay in 1b 14 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5th + MARKET STS		d. STREET ADDRESS (If outside, give location) 112 E. 5th ST	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES GEORGE BENSON		4. DATE OF DEATH Month Day Year JAN. 6 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/1919
9. AGE (last birthday) 41		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	
11. BIRTHPLACE (City and state or country) GASCONADE Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME WM. G. BENSON		13b. MOTHER'S MAIDEN NAME ANNA SPORE	
14. NAME OF HUSBAND OR WIFE GENEVIEVE BENSON		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 2		16. SOCIAL SECURITY NO. 720-12-4394	
17. INFORMANT SHIRLEY BENSON, HERMANN Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ✓ (EXPIRED IN LOCAL TAVERN) DUE TO (c) ✓		INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____, to _____ and last saw her/him alive on _____. Death occurred at 10:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugo H. Blumee (Degree or title) Coroner		22b. ADDRESS HERMANN Mo	
22c. DATE SIGNED 1/7/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/9/61	23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery	23d. LOCATION (City, town, or county) (State) MORRISON Mo
24. FUNERAL DIRECTOR HUGO H. BLUMEE ADDRESS HERMANN Mo		25. DATE RECD. BY LOCAL REG. 1-7-61	
26. REGISTRAR'S SIGNATURE Delma Uffelman			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

JAN 18 1961

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 *Fogel W Blum*

Licensed Embalmer No. 5055

P. O. Address *Hermann, 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.