3. NAME OF DECEASED First Name of Deceased First Name Benton Deceased Deceas	3. NAME OF DECEASED First Middle Lest 0. DATE Month Day OF DEATH Feb 16 1961 Damy Wayne Benton Peb 16 1961 5. SEX a. COLOR OR RACE 7. Married Divorced Peb 15 1961 O Moghs 1991 Hours Married 18 a. DATE OF DIRTH P. AGE (last birthday) IF LINDER 1 YEAR IF UN Moghs 1991 Hours Married 19 Divorced Divor	DATE AMENDED			TOWN Lockwood Mo.	ingth of stay in 1b	2. USUAL RESIDENCE a. STATE C. CITY OR TOWN LOC	b. COUNT	y Dade rtl	admis Inside Yes 🗆
Damy Wayne Benton OFAH Feb 16 1961	Damy Wayne Benton Death Feb 16 1961	DATE /		_	HOSPITAL OR	1	ADDRESS		ide, give location)	Yes 🖳
Male White Divorced Feb 15 1941 O Moghts Reys Hours Disable Feb 15 1941 O Moghts Reys Reys Reys Disable Feb 15 1941 O Moghts Disable Feb 15 1941	Male White Windowed Divorced Feb 15 1961 O Morths Pays Hours (Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done) 110. MORTHS MADIDEN NAME 111. NAME OF HUSBAND OR WIFE 112. MORTHS MADIDEN NAME 113. MORTHS MADIDEN NAME 114. NAME OF HUSBAND OR WIFE 115. MORTHS MADIDEN NAME 116. NAME OF HUSBAND OR WIFE 117. INFORMANT 118. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c). 119. USUAL OCCUPATION (Give kind) 119. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c). 110. USUAL OCCUPATION (Give kind) 110. DONE OF HUSBAND OR WIFE 110. NAME OF HUSBAND OR WIFE 110. NAME OF HUSBAND OR NAME 110. NAME OF HUSBAND OR WIFE 110. NAME OF CENTRE OF INDUSTRY 110. NAME OF CENTRE OF INDUSTRY 110. NAME OF CENTRE OF INDUSTRY 110. NAME OF CENTRE OF CENTR				(Type or print) Danny Wayn	е	Benton	OF DEATH	Feb 16 19	
TONE 13b. MOTHER'S MADDEN NAME 13b. MOTHER'S MADDEN NAME 15c. MAS DECEASED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17c. INFORMANT 17c. INFORMANT 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18c. CAUSE OF DEATH (Enter only one cause one cause per line for (a), (b), and (c).	TONE INTER SHAME ISB. FATHER'S NAME ISB. MOTHER'S MAIDEN NAME LOVIS Benton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IO BOODY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IO BOODY IS. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. OPHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phone cause was for there a preparancy in in disease conditions, if any, but to (b) and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phone cause was for there a preparancy in in disease condition given in PART I (s) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phone cause was for there a preparancy in in part I (s) PART III. If deceased was for there are preparancy in in part I (s) PART III. If deceased was for there are preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the preparancy in in part I (s) PART III. If deceased was for the part I (s) PART III. If deceased was for the part I (s) PART III. If deceased was for the part I (s) PART III. If deceased was for the part I (s) PART III. If deceased was for the part I (s) PART III. If deceased				Male White Widowed □ a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	Divorced 🗍	Feb 15 1961	. 0	Months Pays	Hours
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NOTE 100 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to above cause (a), stating the underlying cause late (b), stating the underlying cause late (c), stating the underlying cause lat	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [10f yes, give war or dates of service) IND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS DECEASED. 10. DEATH WAS CAUSED BY: 10. IMMEDIATE CAUSE (a) 10. DUE TO (b) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line for the first one of the per line for (a), (b), and (c). 10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line for the per line of the per line for (a), (b), and (c). 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item per linguisty in pe				none non a. FATHER'S NAME 13b. MOTH	IER'S MAIDEN NAM				Ē
IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to above cause (a), stating the underly lying cause last. DUE TO (c)	IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to above cause (a), staining the underly lying cause last. DUE TO (c)	ଥ		15.	was DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes, give war or dates of service) no no	al security no.		on Lockwo	ood Mo rtl	
which gave rise to above cause (a), stating the underlying cause last. 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 fer there a pregnancy in last personal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item in PART II or	Which gave rise to show a course (a), stating the underly lying cause last. 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 fittere a pregnancy in light of the pregnanc		UMENT				Heart		!! \$	NTERVAL B
Compared to the state of the	ON STATE STORMED THE STORMED TO SERVING THE STORMED TH	INSTEA	DOC		which gave rise to above cause (a), stating the under-					
20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, p.m. 20d. INJURY OCCURRED Some PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED Some PLACE OF INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some PLACE OF INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some PLACE OF INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in or about home, p.m.) 20d. INJURY OCCURRED Some Place of INJURY (e.g., in	20c. TIME OF Hour Month, Day, Year n.m. 20d. INJURY OCCURRED Summer of the policy of the course of			FICATION	disease condition given in PART I (e)				there a pregn	No 🔲
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY while AT WORK 20f. CITY whi	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY WHILE AT WORK 5 farm, factory, street, office bldg., etc.) 21. I attended the deceased from 2 / 5 / 6 21. I attended the deceased from 2 / 5 / 6 22. Deeth occurred at 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	Jen Dwie			PERFORMED?	206. DESCRIBE HOV	W INJURY OCCURRED. (E	nter nature of inju	ry in PART I or PART I	l of item l
21. I attended the deceased from 2/5/4/, to 2/14/4/ and last saw her film live on 2/15/4/ Death occurred at /2/7/2/ m on the date stated above, and to the best of my knowledge, from the causes stated above. Table Signature Degree or title 22b. ADDRESS 22c. DA	21. I attended the deceased from 2/5/4 , to 2/6/4 and last saw her plive on 2/5/6 Death occurred at 2/3/2 m on the date stated above, and to the best of my knowledge, from the causes stated above, and to the best of my	₹		MEDIC	INJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK ☐ farm, factory, street, office	or about home, 2 bldg., etc.)	20f. CITY, TOWN, OR LO	CATION	COUNTY	
170 - 6 RTD. SIGNATURE (Degree or title) 22b. ADDRESS fockwood, mo 2/14	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Sta REMOVAL (Specify) Burial Feb 17 1961 Edgar Dade Co Mo.	, READ			-21. I attended the deceased from 2/15/4/	, to		1		Causes stat
	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State 2 county) Burial Feb 17 1961 Edgar 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26/REGISTBAR'S SIGNATURE	SHOULE			Merry Daylorms		226. ADDRESS JOCKWOO	1, mo		22c. DA

STATEMENT BY LICENSED EMBALMER

Same of the same

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	Signed W. H. Allician
* Signature of Student Embalmer	Licensed Embalmer No. 44 4 6 4

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.