

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037597

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 132

FILED NOV 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		c. CITY OR TOWN Wright City	
Length of stay in lb 9 Hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp		d. STREET ADDRESS (If outside, give location) Wright City	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Mary Middle A Last Beneze		4. DATE OF DEATH Month Nov Day 5 Year 1961	
5. SEX Female	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 1/23/85
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Brighton Ill		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Wm Garber		13b. MOTHER'S MAIDEN NAME Katherine Frederick	
14. NAME OF HUSBAND OR WIFE Henry Beneze			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-01-5747	
17. INFORMANT Mrs Marie De Clue Wright City MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ME DULLARY FAILURE DUE TO (b) CERE BRAL HEMORRHAGE DUE TO (c) 18 Hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 checked="" 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 4 Month, Day, Year 11-4-61 a.m. p.m.			
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 Troy, Mo.	
20g. COUNTY Warren		20h. STATE MO	
21. I attended the deceased from 11-4-61 to 11-5-61 and last saw her alive on 11-5-61 Death occurred at 12:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. Ackwell D.O.		22b. ADDRESS Troy, Mo.	
22c. DATE SIGNED 11-9-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/7/61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	23d. LOCATION (City, town, or county) (State) St Louis MO
24. FUNERAL DIRECTOR Nieburg Furn & Und CO Wright City MO		25. DATE RECD. BY LOCAL REG. 11-9-1961	
26. REGISTRAR'S SIGNATURE Charlotte Leek			

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 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

Jerome J. Niebarg

Licensed Embalmer No.

3366

P. O. Address

Wright City

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.