

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033086

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2298

DO NOT WRITE ON THIS STUB

AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY St. Louis | | a. STATE Florida COUNTY Highlands | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Length of stay in 1b DOA | c. CITY OR TOWN Avon Park, Florida |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hos. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt. 2, Box 542 |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First | Middle | Last | Month | Day | Year |
| Lloyd Edward Bengtson | | | Aug. 7, 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/3/1903 | 9. AGE (last birthday) 59 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Northwestern Bank | | 10b. KIND OF BUSINESS OR INDUSTRY Acct. & Tax Dept. | 11. BIRTHPLACE (City and state or country) Madrid, Iowa | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Otto Edward Bengtson | | 13b. MOTHER'S MAIDEN NAME Hattie Carlson | | 14. NAME OF HUSBAND OR WIFE Ila Bengtson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Ila Bengtson, Avon Park, Fla | | |

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|---|---|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH Months |
| IMMEDIATE CAUSE (a) Heart condition | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) (Under treatment of physician in Florida for above condition) | |
| DUE TO (c) | | |

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| 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 | |
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| 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 **8:52** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Medred B. Saeman Deputy Coroner | 22b. ADDRESS Clayton, Missouri | 22c. DATE SIGNED 8/11/62 |
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|--|--------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8/11/62 | 23c. NAME OF CEMETERY OR CREMATORY Lakewood Cemetery | 23d. LOCATION (City, town, or county) (State) Minneapolis, Minn. |
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| 24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mortuary, Kirkwood, Mo. | 25. DATE RECD. BY LOCAL REG. 8-8-62 | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. |
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USE BLACK INK OR TYPEWRITER RIBBON

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 Arthur J. Cox Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood, 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.