MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035526

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 113

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED OCT 8 1962

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho
Length of stay in Ib 2 wks

c. CITY OR TOWN Neosho
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp.
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 414 Lafayette
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Fred Middle Ivanhoe Last Benton

4. DATE OF DEATH Month Sept. Day 29, Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/30/1888

9. AGE (last birthday) 74

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) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Clothing

11. BIRTHPLACE (City and state or country) Granby, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John A. Benton

13b. MOTHER'S MAIDEN NAME Josaphine Wilson

14. NAME OF HUSBAND OR WIFE Mrs. Lottie Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servi WW I

16. SOCIAL SECURITY NO. [redacted]5

17. INFORMANT Mrs. Lottie Benton Address 414 Lafayette Neosho, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA · Rt BRONCHUS — INTERVAL BETWEEN ONSET AND DEATH 3 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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 female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 MARCH 1962, to 29 SEPT 1962 and last saw him alive on 29 SEPT 1962

Death occurred at 10:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R Taylor MD (Degree or title)

22b. ADDRESS Neosho Mo

22c. DATE SIGNED 2 Oct 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/3/1962

23c. NAME OF CEMETERY OR CREMATORY Neosho I.O.O.F.

23d. LOCATION (City, town, or county) (State) Neosho, Missouri

24. FUNERAL DIRECTOR Shewmake Funeral Home ADDRESS Granby, Mo.

25. DATE RECD. BY LOCAL REG. 10-2-62

26. REGISTRAR'S SIGNATURE Maydene Belka

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0735		
2	0735		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	162.1		
10			
11			
12	2-0		
13	6-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

OCT 26 1962

OCT 12 1962

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_____ Signed Floyd E. Shumbert

Signature of Student Embalmer

Licensed Embalmer No. 4923

P. O. Address Box 218 Granby 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.