

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029128

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 173

STATE FILE NUMBER

FILED JUL 31 1963

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		length of stay in 1b 6 days	c. CITY OR TOWN Chillicothe Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 929 Vine St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Myrtle May Benson			4. DATE OF DEATH Month July Day 23rd , Year 1963
5. SEX Female	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 5/13/1891
10a. USUAL OCCUPATION (Give kind of work done during week ending 7/23/63 if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 72 IF UNDER 1 YEAR Months 2 TO Hours 10 Min.
11. BIRTHPLACE (City and state or country) Avalon, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Robinson		13b. MOTHER'S MAIDEN NAME Betty Ann Cunningham	
14. NAME OF HUSBAND OR WIFE Jack Benson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of serv no)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Franklin Smith, Brookfield, 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) Pulmonary Infarction DUE TO (b) Thrombophlebitis DUE TO (c) Recent Cholecystectomy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus & Emphysema of the gall bladder			INTERVAL BETWEEN ONSET AND DEATH 30 minutes 3 days 4 days
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 COUNTY STATE
21. I attended the deceased from July 19 55 to July 23 1963 and last saw her alive on 7/23/63 . Death occurred at 8:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William L. Fair, M.D.		22b. ADDRESS Chillicothe, Mo.	22c. DATE SIGNED 7/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/25/1963	23c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery	23d. LOCATION (City, town, or county) (State) Avalon, Missouri.
24. FUNERAL DIRECTOR Clifford W. Austin, Tina, Missouri.		25. DATE RECD. BY LOCAL REG. July 24, 1963	26. REGISTRAR'S SIGNATURE Annabelle Taylor

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 **1595**
2 **0595**
3
4 **1**
5 **1**
6
7 **0**
8 **2**
9
10 **1**
11
12 **1-0**
13 **1-0**

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

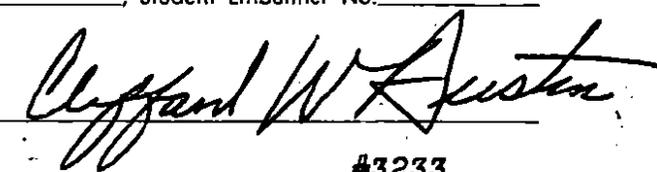
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____



Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.