

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19110**

FILED JUN 15 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 196

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>RURAL MARION TWP.</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-I BONNE TERRE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> c. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>RURAL MARION TWP.</u> d. STREET ADDRESS (If rural, give location) <u>R-I BONNE TERRE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BENHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 3, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 16, 1881</u>	9. AGE (In years last birthday) <u>72</u> if UNDER 1 YEAR Months <u>4</u> Days <u>17</u> if UNDER 1 Mth. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. FRANCOIS Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>WILLIAM G. BENHAM</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIA REED</u>	14. NAME OF HUSBAND OR WIFE <u>KATHRINE BENHAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KATHERINE BENHAM R-I BONNETERRE Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Resection</u> ANTECEDENT CAUSES DUE TO (b) <u>and prostatic</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4-27-1953</u> , to <u>6-3-1953</u> , that I last saw the deceased alive on <u>6-2-1953</u> , and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>A. L. Evans M.D. of Bonne Terre Mo.</u>		23b. ADDRESS <u>6-5-53</u>		23c. DATE SIGNED <u>6-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARVIN CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>R-I BONNETERRE Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benham Middle Bonne Terre Mo.</u>	

JUL 6 1959

JUL 26 1959

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
Student Embalmer

Signed



Licensed Embalmer No. 3706

P. O. Address Bonnie Jernu 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 this body is not embalmed, fact should be so stated above.