

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41184  
STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>California</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Walker Township</i>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>HERMAN</i>			4. DATE OF DEATH <i>Nov 12 1957</i>		
5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
8. DATE OF BIRTH <i>Feb. 8 - 1887</i>			9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>4</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>		11. BIRTHPLACE (City and state or country) <i>Center Town Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>Ernest Benne</i>		
14. MOTHER'S MAIDEN NAME <i>Agnes Rosen</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		
16. SOCIAL SECURITY NO. <i>no.</i>			17. INFORMANT <i>Rena Hestude Benne, California Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause for (a); (b); and (c)]					INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Robert Pneumonia</i>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <i>Influenza</i>					
DUE TO (c) <i></i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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 <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>					
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 <i>Nov. 6, 1957</i> to <i>Nov. 12, 1957</i> and last saw <del>her</del> him alive on <i>Nov. 12, 1957</i> Death occurred at <i>10 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. L. Popejoy</i> (Degree or title)			22b. ADDRESS <i>California</i>		22c. DATE SIGNED <i>11/12/57</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <i>11-14-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cemetery</i>	
23d. LOCATION (City, town, or county) <i>California</i>		23e. STATE <i>Mo.</i>			
24. FUNERAL DIRECTOR <i>Hugh C. Williams</i> ADDRESS <i>California Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>11/14/57</i>		26. REGISTRAR'S SIGNATURE <i>H. L. Popejoy</i>

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Hugh E. Hellman*

Licensed Embalmer No... *35*

P. O. Address *California*

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.