

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ooral	b. (Middle) Nymph	c. (Last) Benson	4. DATE OF DEATH (Month) (Day) (Year) March 22 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1874
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours ... Min. ...
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired Salesman	11. BIRTHPLACE (State or foreign country) Axtell, Kans
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Edward Benson	13b. MOTHER'S MAIDEN NAME Inger Augustast	14. NAME OF HUSBAND OR WIFE Rosa Benson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Benson ADDRESS Union Star, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 10 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) died suddenly		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supp. report)		4343	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 22, 1950, to March 22, 1950, that I last saw the deceased alive on Not at all, and that death occurred at 4 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E M Reynolds M.D.	23b. ADDRESS Union Star Mo	23c. DATE SIGNED 3-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 26, 1950	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star Missouri
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DATE REC'D BY LOCAL REG. 3-26-50	REGISTRAR'S SIGNATURE Roscoe Davidson	82	25. FUNERAL DIRECTOR'S SIGNATURE Roland D-Clark ADDRESS King City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

20

300
48



JAN 8 1950

JAN 2 1950

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 Richard D. Clark

Licensed Embalmer No. 4877

P. O. Address King City, 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.