

5. No. 300
v. 10.48

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15351

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1175

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS, MO.		c. LENGTH OF STAY (in this place) 26 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SALEM	
		d. STREET ADDRESS (If rural, give location) UNKNOWN	

3. NAME OF DECEASED (Type or Print) a. (First) JOE b. (Middle) H. c. (Last) BENEFIEL			4. DATE OF DEATH (Month) (Day) (Year) MAY 7, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-21-18	9. AGE (In years last birthday) 31	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) SALEM, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SHIRLEY ANN BENEFIEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 332056133	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNK
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNDIFFERENTIATED CARCINOMA OF LEFT BRONCHUS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NONE DUE TO (c) NONE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA m. _____	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 **4-12-50**, 19____, to **5-7-50**, ~~from the time of onset of illness to the time of death~~ and that death occurred at **5:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Donald W. Bussman M.D. (Degree or title)	23b. ADDRESS VA HOSPITAL, JEFF BRKS, MO.	23c. DATE SIGNED 5-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/50	24c. NAME OF CEMETERY OR CREMATORY St. Jacobs Cemetery	24d. LOCATION (City, town, or county) (State) St. Jacobs, Illinois
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DATE REC'D BY LOCAL REGISTRY MAY 7 1950	REGISTRAR'S SIGNATURE Robert P. ...	25. FUNERAL DIRECTOR'S SIGNATURE QUEEN BOGGS FUNERAL HOME-CENTRALIA, ILL. ADDRESS _____
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(Licensed Embalmers' Statement on Reverse Side)

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

MAY 26 1951

MAY 1 1951

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

working under my personal supervision.

Student Embalmer No.

Signed

John Kettes
Licensed Embalmer No. *3880*

Signed.....
Student Embalmer

P. O. Address.....

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.