No. 300
10-48

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

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15600

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Steddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Liberty)
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Liberty) 1030
d. STREET ADDRESS (If rural, give location): R.F.D. #1, Dexter, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Benson

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 1881
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Allenville, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Frank Stoker, ADDRESS: Dexter, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bled to death — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vein being severed on right side of throat.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Liberty Twp. Stoddard Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 1, 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Believed to have been self-inflicted

22. *I hereby certify that I attended the deceased from* ----, 19___, *to* --, 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* 10:00 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Rainey (Degree or title): Coroner
23b. ADDRESS: Dexter, Mo.
23c. DATE SIGNED: 4-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-6-50
24c. NAME OF CEMETERY OR CREMATORY: Hagy
24d. LOCATION (City, town, or county) (State): R.F.D. #1, Dexter, Mo.

DATE REC'D BY LOCAL REG.: 4-17-50
REGISTRAR'S SIGNATURE: Velma H. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: Strickland-Rainey ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 24 19

District Health Office No

District File Number 450-2

Date Filed

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. 3479

P. O. Address Nevada Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.