

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 26 1950 STANDARD CERTIFICATE OF DEATH

State File No. 16305

BIRTH NO. 26765-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 59

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

1. PLACE OF DEATH a. COUNTY: <u>De Witt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Mo</u> b. COUNTY: <u>De Witt</u>	
b. CITY OR TOWN: <u>Kennett</u>	c. LENGTH OF STAY (in this place): <u>1 1/2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township): <u>Rural Ind. Twp. 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Dr. Paul Baldwin Office</u>		d. STREET ADDRESS (If rural, give location): <u>Kennett Rural # 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First): <u>Larry</u> b. (Middle): <u>Gean</u> c. (Last): <u>Benson</u>			4. DATE OF DEATH (Month) (Day) (Year): <u>May 17-1950</u>		
5. SEX: <u>Male</u>	6. COLOR OF RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Never Married</u>	8. DATE OF BIRTH: <u>April 19-1950</u>		9. AGE (In years last birthday) if under 1 year: <u>1</u> if under 2 hrs. Hours: <u>0</u> Min.: <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>✓</u>	11. BIRTHPLACE (State or foreign country): <u>Kennett Rural # 3</u>		12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A</u>

13a. FATHER'S NAME: <u>Clyde Benson</u>	13b. MOTHER'S MAIDEN NAME: <u>Elizabeth Morgan</u>	14. NAME OF HUSBAND OR WIFE: <u>None</u>
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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: <u>Mrs. Clyde Benson</u>	ADDRESS: <u>Kennett # 3</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH: <u>7544</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Defect</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blue Baby at birth</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): <u>Walter C. Henshaw, Coroner</u>	23b. ADDRESS: <u>Kennett, Mo</u>	23c. DATE SIGNED: <u>5-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	24b. DATE: <u>5-18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Gregory Cem.</u>	24d. LOCATION (City, town, or county) (State): <u>Kennett Mo Rural</u>
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DATE REC'D BY LOCAL REG.: <u>5-17-1950</u>	REGISTRAR'S SIGNATURE: <u>Carl Henshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>Lin H. Sauer</u>	ADDRESS: <u>Kennett Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT5-19-50.....
COUNTY FILE NUMBER 550-142

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.....

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.