

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18253

State File No.

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 531

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Galena</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			STREET ADDRESS (If rural, give location) <u>Washington Twsp, Route 2</u> 1040		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>BENHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 21, 1925</u>	9. AGE (In years last birthday) <u>30</u>	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) <u>County Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>County Officer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Benham</u>		13b. MOTHER'S MAIDEN NAME <u>Mable Yaden</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lynn Scott Benham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Lynn Benham, Galena, Missouri</u>		

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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Disease</u>	ANTECEDENT CAUSES				
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>mediastinum</u>				
	DUE TO (c) <u>lungs and lymph nodes</u>				<u>1 yr</u>
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>liver & spleen</u>			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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 6/21, 1955 to 6/19, 1955, that I last saw the deceased alive on 6/19, 1955, and that death occurred at 7:35P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas E. Leubhart MD</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>6/20/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galena Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Galena, Missouri</u>	DATE REC'D BY LOCAL REG. <u>6-21-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>
25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett Cheatham - Galena - Mo.</u>		

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

JUL 6 1955

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..... *Bernard F. Wright*

Licensed Embalmer No. *429*

P. O. Address *Spring*

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.