

FILED JUN 1 1949
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15682

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>4229</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. LENGTH OF STAY (In this place) <u>15</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>_____</u>				d. STREET ADDRESS (If rural, give location) <u>_____</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) _____ c. (Last) <u>Benson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 - 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 15 - 1860</u>	
9. AGE (In years last birthday) <u>88</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>German mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Britton</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Geo. W. Benson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>L. M. Humphrey</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42.21</u> <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☐	
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) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar 7, 1949</u> , to <u>May 18, 1949</u> , that I last saw the deceased alive on <u>May 18, 1949</u> , and that death occurred at <u>5:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. L. Chamberlain M.D.</u> (Degree or title)				23b. ADDRESS <u>New Franklin</u>		23c. DATE SIGNED <u>5-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mid. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin</u> <u>mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 27 - 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Lee Bowman</u>		404		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. D. Munten</u> ADDRESS <u>New Franklin</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 REC'D

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-31-49

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 L. G. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.