

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20296

FILED JUL 12 1949

BIRTH NO. 65708-49 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Mississippi</i>		
b. CITY OR TOWN <i>Osceola Mo.</i>		c. LENGTH OF STAY (If this place)	c. CITY OR TOWN <i>Osceola</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>JANE</i>	b. (Middle) <i>FAYE</i>	c. (Last) <i>BENSON</i>	(Month) <i>April</i>	(Day) <i>28</i>	(Year) <i>1948</i>

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept. 24, 1948</i>	9. AGE (In years) (If under 1 year last birthday)		10. MONTHS	11. DAYS	12. IF UNDER 24 HRS. Hours	13. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Whiting Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>			

13a. FATHER'S NAME <i>Paul Benson</i>		13b. MOTHER'S MAIDEN NAME <i>Galdie Cole</i>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <i>Paul Benson</i>		ADDRESS <i>Osceola Mo.</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Pneumonia, Viral</i>					<i>4 days</i>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b)				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				<i>492X</i>
	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 type="checkbox"/>	
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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) (Hour) (Min.)	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 \_\_\_\_\_, 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 <i>J. G. Martin M.D.</i> (Degree or title)	23b. ADDRESS <i>Osceola Mo.</i>	23c. DATE SIGNED <i>6-29-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>April 29 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>W. O. W. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>East Osceola Mo.</i>
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DATE REC'D BY LOCAL REG. <i>7-6-49</i>	REGISTRAR'S SIGNATURE <i>Bertrude G. Harbes</i>	197	25. FUNERAL DIRECTOR'S SIGNATURE <i>Travis Shelby</i>	ADDRESS <i>East Osceola</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Office No. 2

District File Number ~~749-2204~~ 710  
JUL 11 1949

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.

Signed \_\_\_\_\_

*Travis Shelly*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.