

No. 300  
10-48

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26629

State File No. \_\_\_\_\_

34  
2  
6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3000 Registrar's No. 794

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>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>	
c. LENGTH OF STAY (in this place) <u>85 Days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Benjamin</u>	b. (Middle) <u>M.</u>	c. (Last) <u>KING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1949</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>February 17, 1923</u>	9. AGE (In years last birthday) <u>26</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	# UNDER 24 HRS. Hours <u>1</u> Min.
--------------------	-------------------------------	--	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>	11. BIRTHPLACE (State or foreign country) <u>Augusta, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>Bennie E. King</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie Ross</u>	14. NAME OF HUSBAND OR WIFE <u>Marcelene King</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>509-18-4396</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O'Reilly VA Hospital Records, Springfield, Mo</u>	ADDRESS <u>Springfield, Mo</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, asphyxia, 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>Cardiac dilatation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme mitral stenosis (history of rheumatic fever)</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infarcts in lungs, bilateral sec. to verrucous endocarditis, mitral valve</u>		<u>410X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 June 13, 1949, to Sept. 4, 1949, that I last saw the deceased alive on Sept. 4, 1949, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Eisebe, MD</u> (Degree or title) <u>Clinical Director</u>	23b. ADDRESS <u>O'Reilly VA Hospital</u> <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>Sept 4, 1949</u>
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE: <u>Sept 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Manassas, Washington</u>
---	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-6-49</u>	REGISTRAR'S SIGNATURE <u>W.S. Haeberle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon</u>	ADDRESS <u>Springfield, Mo</u>
---	---	---	-----------------------------------

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

NOV 2 1949

NOV 2 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 \_\_\_\_\_

*Lewis Schaefer*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3802*

P. O. Address \_\_\_\_\_

*Springfield, 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.