

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33598

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 957

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>Greene</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>R. 1. Willard - Murray Twp</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>no street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Candace Thompson</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Benshaw</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31-1949</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May- 1944</u>
9. AGE (In years last birthday) <u>85</u>		# UNDER 1 YEAR Days <u>5</u>	# UNDER 100 HOURS Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cave Springs MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Louvenia Benshaw</u>	
14. NAME OF HUSBAND OR WIFE _____		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 ADDRESS <u>Mrs Tom Wadlow, Willard, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Rt Femur</u> ANTECEDENT CAUSES DUE TO (b) <u>Urinary Suppression</u> DUE TO (c) <u>Advanced age & reflexes</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1-9030</u> <u>20</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Willard Greene Mo.</u>	21f. HOW DID INJURY OCCUR? <u>39</u> <u>Fall on floor</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-20-49 8p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>Oct 24, 1949</u> , to <u>Oct 31, 1949</u> , that I last saw the deceased alive on <u>Oct 31, 1949</u> , and that death occurred at <u>2:30 pm</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. A. Debel M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>11-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cave Springs, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-3-49</u>	REGISTRAR'S SIGNATURE <u>W. G. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. F. W. Greenwald-Windle Willard, Mo</u>	

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

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 Lee Mason.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, Ma.

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.