

FILED JAN 25 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 946

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>8</u> / <u>130</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salina</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1106<sup>th</sup> Minneapolis St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. South of Clinton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Benwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20-1950</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>4-21-1905</u>		9. AGE (In years last birthday) <u>45</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>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

12a. FATHER'S NAME <u>Judd R. Benwell</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF <del>husband</del> OR WIFE <u>Mildred Benwell</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Benwell</u> ADDRESS <u>1105<sup>th</sup> Minneapolis Salina Kan</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE FRACTURES - SKULL, CHEST, SPINE, LEGS, ARMS,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
*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) _____		E 8166 26	
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"/>	
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HWY 13 HENRY Co</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>n 47 HENRY, MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN. 20 1950 2A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>	

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 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clinton, MO</u>		23c. DATE SIGNED <u>20 Jan. 1950</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salina Kan</u>	
				24d. LOCATION (City, town, or county) (State) <u>Salina Kan</u>	

DATE REC'D BY LOCAL REG. <u>Jan-20-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lubman &amp; Dunning</u> ADDRESS <u>Clinton, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420  
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FEB 10 1950

MAR 17 1950

FEB 17 1950

RECEIVED

District Health Officer No. 7

District File Number 1249192

Date Filed 1-24-50

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.