

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11780

130

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

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6294 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY OR TOWN <u>Rural - Green</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Green</u> 130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Worth Co.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES BENJIMAN</u> b. (Middle) <u>DENHAM</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1950</u>
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-27-1897</u>
9. AGE (in years last birthday) <u>53</u>		10. MONTHS <u>4</u> DAYS <u>28</u> HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Worth Co., O</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ben Denham</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Rebecca Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Calork Denham</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. <u>487-34-9059</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Denham</u> ADDRESS <u>Sumell, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun injury - head with absorption of brain</u> 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 Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</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>Greene township Worth Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>self inflicted</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank B. Harrison</u> (Degree or title) <u>md</u>		23b. ADDRESS <u>Grant City Mo</u>	23c. DATE SIGNED <u>25 Mar 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 2-1950</u>	REGISTRAR'S SIGNATURE <u>Peta E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank C. Dimpfel</u>	ADDRESS <u>Grant City, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1951

Rec'd 4/5/50

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 Arch C. Dunfee.....

Licensed Embalmer No. 3252.....

P. O. Address Grant City, 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.