

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17162

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 83

0492

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE Mo. b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purcell, Mo. 0490
d. STREET ADDRESS (If rural, give location) Purcell, Mo. 1

3. NAME OF DECEASED
a. (First) Louie b. (Middle) Harrison c. (Last) Benson

4. DATE OF DEATH (Month) (Day) (Year)
May 29 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 27 1921 9. AGE (In years last birthday) 29 10 UNDER 1 YEAR Months 0 Days 2 11 UNDER 12 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Tri State Chemical Co. 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Purcell, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Benson 13b. MOTHER'S MAIDEN NAME Dottie Foulks 14. NAME OF HUSBAND OR WIFE Naomi Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Naomi Benson ADDRESS Purcell, Missouri

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) Acute Neurocirculatory Collapse INTERVAL BETWEEN ONSET AND DEATH 5/28/50
ANTECEDENT CAUSES
DUE TO (b) Adrenal Insufficiency 5/27/50
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Extensive 3rd degree Burns of the Extremities of body 5/26/50
DUE TO (c) _____ 3 days/50

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 6 mile 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Tri State Chemical Co 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webb City, Mo (Jasper)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 26 50 5:00 AM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? ruptured aorta probably due to falling on body

22. I hereby certify that I attended the deceased from 5-26 1950 to May 29, 1950, that I last saw the deceased alive on 5-28, 1950, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. F. Gregory 2 DO 23b. ADDRESS Webb City Mo. 23c. DATE SIGNED 5/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 2 1950 24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery 24d. LOCATION (City, town, or county) (State) Purcell, Missouri

DATE REC'D BY LOCAL REG. JUNE 5; 4 REGISTRAR'S SIGNATURE H. S. ... 25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson ADDRESS Webb City Mo.

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

RECEIVED 6-14-50
Jasper County Health Office

County File Number 50-6-473

Date Filed 6-14-50

JUL 2 1950
JUL 7 1950

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 *Blayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb 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.