

FILED JUN 26 1950

Registration District No. **273-**

Primary Registration District No. **3047**

Registrar's No. **635**

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Neosho
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Salus Memorial Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community...
 years, months or days)

3. (a) PRINT FULL NAME Virgil Benefiel

3. (b) If veteran, name war _____ 5. (c) Social Security No. 430-26-1257

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Belle Benefiel 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased (Month) May - (Day) 26 - (Year) 1904

8. AGE: Years 46 Months 11 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Exline Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Operator filling station

11. Industry or business Filling station

12. Name Chas H. Benefiel

13. Birthplace Exline Iowa
 (City, town, or county) (State or foreign country)

14. Maiden name Missie Wallers

15. Birthplace Cedar Vale Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Lester G. Benefiel

(b) Address Neosho Mo

17. (a) Burial (b) Date thereof June 11-50
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Cemetery

18. (a) Signature of funeral director E. H. Platt

(b) Address Lee Cemetery

19. (a) June 11, 1950 (b) Melvin C. Bowman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton
 (c) City or town Southwest City Mo 6600
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
 year 1950 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 3, 1950, to Death, 1950;
 that I last saw him alive on June 7, 1950
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration 3 days
 Due to Bleeding Peptic Ulcer
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 5400 PHYSICIAN _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury 0
 23. Signature J. W. Plakensky (M. D. or other) M.D.
 Address Anderson Mo Date signed 6-9-50

WHILE IN FULL USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-128

Date Filed JUN 22 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Smith*

Licensed Embalmer No. 3211

P. O. Address Silvan Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.