

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. **22663**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (In this place) 10 HRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MCCREDIE 0140	
		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) GLORIA JEAN BENSON			4. DATE OF DEATH JULY 7 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 4, 1930		9. AGE (In years last birthday) 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MEXICO, MO		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Richard HUNT		13b. MOTHER'S MAIDEN NAME Norma Preston		14. NAME OF HUSBAND OR WIFE Charles Benson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME CHAS. BENSON ADDRESS MCCREDIE MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 15 min.
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Normal Delivery full term 7-7-50 DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 11, 1950**, to **July 7, 1950**, that I last saw the deceased alive on **July 7, 1950** and that death occurred at **1:53 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Kallenbach (Degree or title) M.D.		23b. ADDRESS Mexico Mo		23c. DATE SIGNED July 8, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-7-50		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD	
		24d. LOCATION (City, town, or county) MEXICO MO		(State)	

DATE REC'D BY LOCAL REG. July 9-1950		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Chas. Benson ADDRESS Mexico Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0 42 0

RECEIVED JUL 17 1950
District Health Officer No. 10
District File Number 7-50-1151
Date Filed JUL 27 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

RICHARD Y. McDONALD

working under my personal supervision.

Student Embalmer No. 371

Signed Richard Y. McDonald
Student Embalmer

Signed Clor Arnold

Licensed Embalmer No. 3569

P. O. Address Missis An

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.