

FILED NOV 20 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 39570

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salena</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salena</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Robert</u> c. (Last) <u>Benham</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>23</u> (Year) <u>1950</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 23-1880</u>
9. AGE (In years last birthday) <u>70-7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hand on line</u>	11. BIRTHPLACE (State or foreign country) <u>Okla</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13. FATHER'S NAME <u>William Campbell Benham</u>	

13b. MOTHER'S MAIDEN NAME <u>Lizzie Benham</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Benham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Benham</u>		ADDRESS <u>Salena, 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>Anginal Pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Myocarditis</u>		4 yrs -	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		422 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June 1946, to 23 Oct, 1950, that I last saw the deceased alive on 2 Oct, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Myron M. G.</u> (Degree or title)		23b. ADDRESS <u>Yuma, Mo</u>		23c. DATE SIGNED <u>24 Oct 50</u>	
---	--	------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salena, Mo</u>	
24d. LOCATION (City, town, or county) <u>Salena, Mo</u>		24e. (State) <u>Mo</u>			

DATE REC'D BY LOCAL REG. <u>Oct 24-50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray-Dep</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest G. Cheatham</u> ADDRESS <u>Salena, Mo</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2291

Date Filed 11-17-50

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed

*Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address Salina 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.**