

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12950

State File No. _____ Registrar's No. 2204

BIRTH NO. _____ **REG. DIST. NO.** 156 **PRIMARY REG. DIST. NO.** 2001

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2225 Tyler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2225 Tyler</u>			d. STREET ADDRESS (If rural, give location) <u>2225 Tyler</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Benjamin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 14, 1881</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated grocery store</u>	11. BIRTHPLACE (State or foreign country) <u>Hubble, Neb.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated grocery store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>grocery</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph Benjamin</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Lockwood</u>	14. NAME OF HUSBAND OR WIFE <u>Lulu Benjamin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lulu Benjamin, 2225 Tyler</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Occlusion</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Heart Disease</u>	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(History furnished by family of deceased)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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) (Minute)	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 <u>did not attend</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. ...</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Joplin Nat'l Bank Bldg.</u>	23c. DATE SIGNED <u>4/28/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-30-51</u>	24c. (NAME OF CEMETERY OR CREMATORY) <u>Ozark Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
DATE REC'D BY LOCAL REG. <u>5-1-51</u>	REGISTRAR'S SIGNATURE <u>By Walter Lemkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary, Joplin Mo</u>	

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

495

RECEIVED 5-10-51

Jasper County Health Office

51/4/373

County File Number

Date Filed

5-11-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address

Joplin 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.