

FILED SEP 14 1954.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21587

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY	
c. LENGTH OF STAY (In this place) 78 D X		d. STREET ADDRESS (If rural, give location) 708 EAST FOURTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) PLEASANT		b. (Middle) L		c. (Last) BENFIELD		4. DATE OF DEATH (Month) (Day) (Year) SEPT 3 1954	
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPTEMBER 2, 1886		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 0 Days 1		IF UNDER 10 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATTLE DEALER		10b. KIND OF BUSINESS OR INDUSTRY CATTLE BUYER		11. BIRTHPLACE (State or foreign country) NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME MORRIS BENFIELD		13b. MOTHER'S MAIDEN NAME MARY E. DRUM		14. NAME OF HUSBAND OR WIFE TISHIE J. BENFIELD			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-19-1650		17. INFORMANT'S SIGNATURE OR NAME ADDRESS TISHIE J. BENFIELD WEBB CITY, MO			
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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) duodenal ulcer with hemorrhage.						INTERVAL BETWEEN ONSET AND DEATH 2 weeks.	
		II. ANTECEDENT CAUSES DUE TO (b) intestinal obstruction with gangrene of the transverse colon. DUE TO (c) pneumonia							
		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. uremia 5705							

19a. DATE OF OPERATION 8-29-54		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction with impairment of the blood supply to the transverse colon.						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8-26, 1954 to 9-2-54, 1954, that I last saw the deceased alive on 9-2, 1954, and that death occurred at 4:45 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>Vernon E. Jones</i> (Degree or title)		23b. ADDRESS 1st Natl Bldg., Joplin, Mo.		23c. DATE SIGNED 9-3-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-7-54		24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY, MO	
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DATE REC'D BY LOCAL REG. 9-7-54		REGISTRAR'S SIGNATURE <i>Ed. [Signature]</i> 138		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL		ADDRESS WEBB CITY, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 13 1954
Jaeger County Health Office
County File Number 54-9-765
Date Filed SEP 13 1954

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Wick 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.