

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41181**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lebanon, OR TOWNSHIP) c. LENGTH OF STAY (in this place) 21 Months		c. CITY OR TOWN Lebanon d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 818 S. Jefferson St.		STREET ADDRESS (If rural, give location) 818 S. Jefferson, St.	

3. NAME OF DECEASED (Type or Print) Ronald Eugene Bench	a. (First) Ronald Eugene b. (Middle) Bench c. (Last) Bench	4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1955
--	---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar. 9, 1954	9. AGE (In years last birthday) 21 IF UNDER 1 YEAR Days 21 IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Victor Bench	13b. MOTHER'S MAIDEN NAME Janet Uder	14. NAME OF HUSBAND OR WIFE None
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Mr. Victor Bench ADDRESS Lebanon, Mo.
--	--------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) otitis media DUE TO (c) 3912 congenital spinal bifida & hydrocephalus		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE	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 Mar. 9, 1955, to Sept. 10, 1955, that I last saw the deceased alive on Sept. 10, 1955, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. C. Carrington, M.D.	23b. ADDRESS Lebanon	23c. DATE SIGNED 12-23-55
--	-----------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-55	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Oakland, Missouri
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 12-23-1955	REGISTRAR'S SIGNATURE Stella S. Gray	424 - 25. FUNERAL DIRECTOR'S SIGNATURE J. P. Johnson ADDRESS Lebanon, Mo.
--	---	---

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

0532

Received 1-3-56
Laclede County Health Unit
File No. 206
Date Filed 1-3-56

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.....
Signature of Student Embalmer

Signed Stanleigh R Palma

Licensed Embalmer No. 486
P. O. Address Lebanon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.