

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2086

State File No. _____

FILED FEB 8 1956

BIRTH NO. _____ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY OR TOWN Rural		c. CITY OR TOWN New Florence	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Road No 19			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Virgil c. (Last) Benney			4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 28, 1915 ~~Nov 28, 1956~~	9. AGE (in years last birthday) 40	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shovel Operator			11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co Mo.		
10b. KIND OF BUSINESS OR INDUSTRY General duties			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles A. Benney	13b. MOTHER'S MAIDEN NAME Gertrude Christian	14. NAME OF HUSBAND OR WIFE Geraldine L. Benney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W-1 No 2 499-05-2517	17. INFORMANT'S SIGNATURE OR NAME Geraldine Louise Benney ADDRESS New Florence

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) Car accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Face crushed between DUE TO (c) top of door + car top II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Big Springs Montgomery Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Florence Montgomery Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) January 31, 1956 10:30 PM	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car turned over Road

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Robertson Coroner	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 2-1-36
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 3, 1956	24c. NAME OF CEMETERY OR CREMATORY New Florence
24d. LOCATION (City, town, or county) (State) New Florence Mo.		

DATE REC'D BY LOCAL REG. Feb 2 - 1956	REGISTRAR'S SIGNATURE Mrs Eunice Bush	4320	25. FUNERAL DIRECTOR'S SIGNATURE Wland R. Jones ADDRESS Beauflower Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

2/21/56
2/29/56

FEB 14 1956

207 1

1956

FEB 28 1956

MAY 16 1956

MAR 1 1956

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 M.A., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oland A Jones
Licensed Embalmer No. 297

P. O. Address Bellphom

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.