

Health, Welfare, Public Service, 300 1-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30344

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5442 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp Inside Limits Yes ☐ No ☒		c. CITY OR TOWN MAPLEWOOD Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 mi. W. of Gasconade Length of stay in 1b 30 min		d. STREET ADDRESS 3718 OXFORD (If outside, give location) Reside on Form Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle CHARLES Last BENSON		4. DATE OF DEATH SEPT 22 1956 Month SEPT Day 22 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH DEC-25-1922
9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR: Months 3 Days 3 Hours 3 Min. 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Missouri	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James G. Benson		14. MOTHER'S MAIDEN NAME Ethel Lowry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1943-1946		16. SOCIAL SECURITY NO. 486-280050	
17. INFORMANT James Benson Address 345 Par Lane Kirkwood 22 Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERNAL BLEEDING DUE TO (b) FRACTURED CHEST DUE TO (c) AUTO ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 32			INTERVAL BETWEEN ONSET AND DEATH 8234
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) CAR LEAVING HIGHWAY AND RUNNING INTO EMBANKMENT ON SIDE OF ROAD	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hi Way m.	
20f. CITY, TOWN, OR LOCATION 1 1/2 mi. W. of Gasconade COUNTY GASCONADE STATE Mo			
21. I attended the deceased from ✓ to ✓ and last saw her alive on ✓ Death occurred at ✓ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Augustine Caroner (Degree or title) CORONER		22b. ADDRESS HERMANN Mo	
22c. DATE SIGNED 9/24/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-23-56	
23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
24. FUNERAL DIRECTOR Chas. Stoerck Sons ADDRESS ST. LOUIS Mo		25. DATE RECD. BY LOCAL REG. 9/23/1956	
26. REGISTRAR'S SIGNATURE Delma Yelken			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 31

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.