

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40411**

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6269** Registrar's No. **48**

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

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colorado b. COUNTY Adams	
b. CITY OR TOWN Rural-Ozark		c. CITY OR TOWN Derby	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Box 156	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Rodney b. (Middle) Lee c. (Last) Benson			4. DATE OF DEATH (Month) (Day) (Year) November 11, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 22, 1935
9. AGE (In years last birthday) 21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	11. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Richard E. Benson	
13b. MOTHER'S MAIDEN NAME Gertrude Daly		14. NAME OF HUSBAND OR WIFE Janet Lee Benson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 28 May 54 to date	17. INFORMANT'S SIGNATURE OR NAME ROBERT T. BURBECK, CWO, USA, Fort Leonard Wood, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar skull fractures, extensive				
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Rib fractures with hemothorax; lacerations, liver		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Webster Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) November 11 1956 1:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from **November 11, 1956**, to _____, 19____, that I last saw the deceased **November 11, 1956**, and that death occurred at **1:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James P. White, Capt MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 11 Nov 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11 12 56	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Denver Colorado
DATE REC'D BY LOCAL REG. 11-12-56	REGISTRAR'S SIGNATURE J. Francis	25. FUNERAL DIRECTOR'S SIGNATURE HEDGES FUNERAL HOMES INC CROCKER MO ADDRESS	

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. 4896 working under my personal supervision..

Student:
Signature of Student Embalmer

Signed Clarice Thies

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.