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pt. Health,
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1957

STATE FILE NUMBER 41397

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Length of stay in 1b 2½ hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Camdenton — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Street Not Numbered — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Albert Middle: Henry Last: Benedick

4. DATE OF DEATH Month: Dec. Day: 8 Year: 1957

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Jan. 17, 1910 **9. AGE** (In years last birthday) 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (City and state or country) St. Clair Co. Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Phillip Benedick
14. MOTHER'S MAIDEN NAME Ida Rose Stock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-09-6983
17. INFORMANT Mrs. Albert Benedick Address Camdenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Traumatic crushing of chest wall — 3 hours
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) automobile accident
20c. TIME OF INJURY Hour: 11 a.m. p.m. Month, Day, Year: December 7, 1957
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION Highway Junction 5+50 COUNTY Cooper STATE Missouri

21. I attended the deceased from December 7, 57 to December 8, 57 and last saw her/him alive on December 8, 57
Death occurred at 2:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Stanley D. Fisher M.D.
22b. ADDRESS 500½ So. Ohio, Sedalia, Missouri
22c. DATE SIGNED 8 December 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-10-57
23c. NAME OF CEMETERY OR CREMATORY Ridge Park cem
23d. LOCATION (City, town, or county) Marshall (State) Mo

24. FUNERAL DIRECTOR Campbell-Lewis **ADDRESS** Marshall, Mo.
25. DATE RECD. BY LOCAL REG. 12-9-57
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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

541/0

DEC 17 1957

JAN 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. W. Campbell J

Licensed Embalmer No. 346

P. O. Address Marshal

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