

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012558

STATE FILE NUMBER

Filed MAY 12 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 174

300
-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN McClure Ill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Pamela Middle Kay Last Benefield			4. DATE OF DEATH Month May Day 6 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> Child <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 11 1958	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 8 Days 25 IF UNDER 24 HRS.: Hours 25 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cape Girardeau	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lawrence Benefield		13b. MOTHER'S MAIDEN NAME Jennis Hutters		14. NAME OF HUSBAND OR WIFE Child	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mr Lawrence Benefield McClure Ill Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema + Petechial Hemorrhages DUE TO (b) Cerebral concussion DUE TO (c) 8:54 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left femur, simple					INTERVAL BETWEEN ONSET AND DEATH 36 hours
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto. wreck			
20c. TIME OF INJURY 5:15 AM May 4, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway in car			
20e. CITY, TOWN, OR LOCATION McClure Ill		20f. COUNTY Ill		20g. STATE Ill	
21. I attended the deceased from May 4, 1959 to May 6, 1959 and last saw her alive on May 6, 1959 Death occurred at 5:18 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Reuel M. Hoxworth, M.D. (Degree or title)			22b. ADDRESS 24 N. Spring		22c. DATE SIGNED 5/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-8-1959	23c. NAME OF CEMETERY OR CREMATORY Lindsay		23d. LOCATION (City, town, or county) (State) McClure Ill
24. FUNERAL DIRECTOR Brinkopf Howell		25. DATE RECD. BY LOCAL REG. Mo. 5-9-1959		26. REGISTRAR'S SIGNATURE Inene Hosten	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter Crossbeider*

Licensed Embalmer No. *4994*
P. O. Address *Cape Girardeau*

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.