

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018386  
STATE FILE NUMBER

FILED JUN 4 1955

Registration District No. 195 Primary Registration District No.

Registrar's No. 45-59

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elkhorn Twtnshp.</b>		c. CITY OR TOWN <b>Anderson</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in lb <b>2 years</b>	
3. NAME OF DECEASED (Type or print) First <b>Roger</b> Middle <b>Lee</b> Last <b>Benningfield</b>		4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 6, 1945</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Student</b>	11. BIRTHPLACE (City and state or country) <b>Van Couver, Washington USA</b>
13a. FATHER'S NAME <b>James C. Benningfield</b>		13b. MOTHER'S MAIDEN NAME <b>M. Naomi Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>James C. Benningfield Anderson, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Skull</b> DUE TO (b) <b>Accident -</b> DUE TO (c) <b>9111</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.) <b>Car falls off Jack + Crushed</b>	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m. <b>Head of Person (Roger L. Benningfield) stated above.</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Family Farm</b>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Anderson Rt. 3 McDonald Mo.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7: P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>[Signature] Coroner</b>		22b. ADDRESS <b>Noel Mo.</b>	
22c. DATE SIGNED <b>5-25-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/26/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lanagan Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lanagan, Missouri.</b>
24. FUNERAL DIRECTOR <b>Rapp Funeral Home Anderson, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-59</b>	26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>

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 *Carl Rapp* .....

Licensed Embalmer No. *3458* .....

P. O. Address *Anderson, Md.*

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.