

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018996

FILED VS MAY 31 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 574-A

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 days		c. CITY OR TOWN Rogersville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle WINFRED Last BENCH				4. DATE OF DEATH Month May Day 15 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept 12, 1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Co. Road & Bridge		11. BIRTHPLACE (City and state or country) Webster Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Bench		13b. MOTHER'S MAIDEN NAME Josephine (unknown)		14. NAME OF HUSBAND OR WIFE Jewell Bench			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 491-05-1076	17. INFORMANT Mrs. Jewell Bench, Rogersville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Laceration & contusion, right frontal lobe						49 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Fracture, depressed, right frontotemporal	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Struck by truck on Fremont Street just outside			
20c. TIME OF INJURY Hour 9:30 Month, Day, Year 5 13 60		city limits.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene	STATE Missouri
21. I attended the deceased from 5-13-60 to 5-15-60 and last saw him ^{her} live on 5-15-60 Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Howard J. McElhenny, M.D.</i>				22b. ADDRESS 315 Professional Bldg., Springfield, Mo.		22c. DATE SIGNED 5-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Dodson Cemetery		23d. LOCATION (City, town, or county) (State) Near, Rogersville, Mo.		
24. FUNERAL DIRECTOR <i>Jewell E. Windle</i> ADDRESS Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 5-26-60		26. REGISTRAR'S SIGNATURE <i>E. S. Wetton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 23 1960

JUN 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Whig

Licensed Embalmer No. 4293

P. O. Address Spring

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