

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007470

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED APR 4 1961

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Mexico

Length of stay in lb

1 day

c. FULL NAME OF (If NOT in hospital, give location)

Audrain County Hospital

Inside Limits

No ☐

2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Randolph

c. CITY
OR TOWN

Clark

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JACKIE

NORMAN

BENTON

4. DATE
OF DEATH

Month

Day

Year

March 27

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

2/13/38

9. AGE (last birthday)

23

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Travel

10b. KIND OF BUSINESS OR INDUSTRY

H.B. Chance Co. Boone County

11. BIRTHPLACE (City and state or country)

V.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wallace Benton

13b. MOTHER'S MAIDEN NAME

Thelma Jones

14. NAME OF HUSBAND OR WIFE

None

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.

492-40-0100

17. INFORMANT

Mrs. Delmar Bailey Clark Mo.

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)

Respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Severe crushing injury of chest 2 days

DUE TO (c)

and cerebral embolism severe

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

(Please condition given in PART I (a))

probable fracture of spine extensive

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

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

a.m.

p.m.

Month, Day, Year

3-26-61

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway #33

20f. CITY, TOWN, OR LOCATION

Thompson, Audrain Mo.

COUNTY

Audrain

STATE

Mo.

21. I attended the deceased from

3-26-61

to

3-27-61

and last saw him alive on

3-27-61

Death occurred at

1:55 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. Kallman

(Degree or title)

M.D.

22b. ADDRESS

Mexico, Mo.

22c. DATE SIGNED

3-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/29/61

23c. NAME OF CEMETERY OR CREMATORY

Chapel Grove Cemetery Clark

23d. LOCATION (City, town, or county)

Missouri

(State)

Missouri

24. FUNERAL DIRECTOR

Cater Funeral Home Moberly Mo

ADDRESS

Moberly Mo

25. DATE RECD. BY LOCAL REG.

March 29-1961

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1961

MAR 14 1961

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

Jerry R. Cater

Licensed Embalmer No. 4906

P. O. Address

Moberly Mo.

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.