

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042489

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 321 Primary Registration District No. 3072 Registrar's No. 181

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 6 hours	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2904 North 32nd. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Robert Kircheval Benn			4. DATE OF DEATH Month Day Year October 14, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-25-1892	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Meat Inspector		10b. KIND OF BUSINESS OR INDUSTRY Government	11. BIRTHPLACE (City and state or country) Jefferson Co., Iowa		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles W. Benn		13b. MOTHER'S MAIDEN NAME Minnie Swain		14. NAME OF HUSBAND OR WIFE -----	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes World War I		16. SOCIAL SECURITY NO. -----	17. INFORMANT Coleman Bragg Packwood, Iowa Address
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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) Profound Traumatic Shock 6/12			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) 1) Compound Fr. Rt Femur 2) Fr. Rt. Tibia & fibula 3) Multiple pelvic Fractures 4) Fractured Rt Hip		6 1/2 hr	
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 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marshall Mo	COUNTY Marshall	STATE Mo
21. I attended the deceased from 14 Oct 1963 to 14 Oct 1963 and last saw him alive on 14 Oct 1963 Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE E. L. McTavish MD (Degree or title)	22b. ADDRESS Marshall Mo	22c. DATE SIGNED 15 Oct 63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-15-1963	23c. NAME OF CEMETERY OR CREMATORY Packwood Cemetery	23d. LOCATION (City, town, or county) Packwood, Iowa
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24. FUNERAL DIRECTOR Campbell-Lewis	ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 15 - '63	26. REGISTRAR'S SIGNATURE Cecil G. Reed
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300	DATE AMENDED
Rev. 4/59	
18975	
25117	
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USE BLACK INK OR TYPEWRITER RIBBON

