FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29447

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 875

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BURGE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TEXAS
b. COUNTY: Tarrant
c. CITY OR TOWN: FT. WORTH
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 809 BAKER ST. 8 4 F 8

3. NAME OF DECEASED (Type or Print)
a. (First): GRADY
b. (Middle): EUGENE
c. (Last): BENTON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 4, 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 3 JUNE 1940
9. AGE (In years last birthday): 15
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: IN SCHOOL
11. BIRTHPLACE (City and State or Foreign Country): TEXAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES G. BENTON
13b. MOTHER'S MAIDEN NAME: EDNA WILLIAMS
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): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: HOSPITAL RECORDS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema
DUE TO (b) Skull Fracture
DUE TO (c) Subdural Hematoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10-3-55
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. HIGHWAY #66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3½ MILES EAST MARSHFIELD WEBSTER, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-3-55 10:40 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: TWO CAR ACCIDENT

22. *I hereby certify that I attended the deceased from* 10-3, 1955, *to* 10-3, 1955, *that I last saw the deceased alive on* 10-3, 1955, *and that death occurred at* 12:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John C. K. Baug M.D.
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 10-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-4-55
24c. NAME OF CEMETERY OR CREMATORY: LOCAL
24d. LOCATION (City, town, or county) (State): FT. WORTH TEXAS

DATE REC'D BY LOCAL REG.: 10-4-55
REGISTRAR'S SIGNATURE: Faith Williamson
FUNERAL DIRECTOR'S SIGNATURE: J. W. Klingner & Co.
ADDRESS: SPGFD. MO.
(Licensed Embalmer's Statement on Reverse Side)

JHC

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. Address.....

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