

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4240

State File No.

BIRTH NO. 10013-57 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>PACIFIC</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		6360	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. FRANCIS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>405 S. THIRD ST.</u>	
3. NAME OF DECEASED a. (First) <u>DEBRA</u>		b. (Middle) <u>ANN</u>	c. (Last) <u>BENSON</u>
4. DATE OF DEATH <u>FEB. 28 1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY 0</u>	8. DATE OF BIRTH <u>FEB-27-57</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>JAMES A. BENSON JR.</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DOLORES BROCATO</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James A. Benson Jr.</u> ADDRESS <u>Pacific 7610</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstetrical shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> ANTECEDENT CAUSES DUE TO (b) <u>Prolonged labor</u> DUE TO (c) <u>Weak uterine contractions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7610</u> <u>9</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Feb 27, 1957</u> to <u>Feb 28, 1957</u> , that I last saw the deceased alive on <u>Feb 27, 1957</u> , and that death occurred at <u>11:52 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. O. Muench</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>205 Elm Washington</u>	23c. DATE SIGNED <u>3-1-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. BRIDGET CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PACIFIC - MO</u>
DATE REC'D BY LOCAL REG. <u>Mar. 1, 1957</u>	REGISTRAR'S SIGNATURE <u>J. P. Stidman</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>John L. Hughes</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side) By R.C. Kueger

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

0362

17-0

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 Not Embalmed -, 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. (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.