

SL 12813 FILED APR 26 1957

STANDARD CERTIFICATE OF DEATH

14465
STATE FILE NUMBER
3509

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST. LOUIS MO		a. STATE MISSOURI b. COUNTY TEXAS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		c. CITY OR TOWN HUGGINS 1070 0	
Length of stay in lb 56 DAYS		d. STREET ADDRESS (If outside, give location) None	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last MELVIN R BENGGE			Month Day Year 4-11-57		
5. SEX MALE <input type="checkbox"/>	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 9-7-99	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET BUILDER		10b. KIND OF BUSINESS OR INDUSTRY Cabinet Making	11. BIRTHPLACE (City and state or country) PERRY, OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LOUIS BENGGE			14. MOTHER'S MAIDEN NAME CORA GADDIS		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES 3/4/26-5/14/28	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MISSOURI
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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: IMMEDIATE CAUSE (a) Amedulloblastoma right maxillary sinns with extension into orbit		INTERVAL BETWEEN ONSET AND DEATH 10 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 160x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from VA 2-11-57 to 4-11-57 and last saw her live on 4-11-57 Death occurred at 10:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE William T. Bowles M. D.	22b. ADDRESS VAH. ST. LOUIS, MISSOURI
22c. DATE SIGNED 4-12-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/12/57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county). (State) CHANDLER, OKLAHOMA
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24. FUNERAL DIRECTOR John G. ...	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 12 '57	26. REGISTRAR'S SIGNATURE Kesh ...
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by the laws of the State of Missouri.

72-11-1

EMBALMER

CERTIFICATE

OF THE BOARD OF EMBALMERS

STATE OF ILLINOIS

DEPARTMENT OF HEALTH

72-11-1

EMBALMER

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72-11-1

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STATE OF ILLINOIS

DEPARTMENT OF HEALTH

EMBALMER

CERTIFICATE

EMBALMER

STATEMENT BY LICENSED EMBALMER

STATE OF ILLINOIS

72-11-1

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

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

working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Keasly
Licensed Embalmer No. 6855

P. O. Address East St Louis

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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.