

Park FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH

44031
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1209

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield <u>396</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS (If outside, give location) 1221 E. University	

3. NAME OF DECEASED (Type or print) First Middle Last HALLIE BENSON			4. DATE OF DEATH Month Day Year December 17, 1957		
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5. SEX Female	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 9-15-1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Spiker	13b. MOTHER'S MAIDEN NAME Mary Moore	14. NAME OF HUSBAND OR WIFE Herbert H. Benson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Hospital Records	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: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Vascular Disease 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"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
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20c. TIME OF INJURY Hour Month, Day, Year a.m. none 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 Springfield	COUNTY Greene	STATE Missouri
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21. I attended the deceased from 11-30-57 to 12-17-57 and last saw her alive on 12-17-57 Death occurred at 11:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. J. Sam, M.D.	(Degree or title)	22b. ADDRESS 609 Cherry Springfield, Missouri	22c. DATE SIGNED 12/18/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-20-57	23c. NAME OF CEMETERY OR CREMATORY Horton Cemetery	23d. LOCATION (City, town, or county) (State) Horton, Kansas
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24. FUNERAL DIRECTOR J. Klingner & Co.	ADDRESS Spgrd. Mo.	25. DATE REG. BY LOCAL REG. 12-19-57	26. REGISTRAR'S SIGNATURE Edith Williamson
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. Klingner

K.G.

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 *Allen D. Williams*

Licensed Embalmer No. *4651*
P. O. Address *Springfield*

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.