

Health, Welfare, Public Service

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011337
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2560**

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens Hospital		d. STREET ADDRESS (If outside, give location) 4037 West Pine	
Length of stay in 1b 219 1/2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Gary Lee Benefield			4. DATE OF DEATH Month Day Year March 1, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1957
9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clyde Benefield		13b. MOTHER'S MAIDEN NAME Bonnie Bridges	
14. NAME OF HUSBAND OR WIFE Nil.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil.		16. SOCIAL SECURITY NO. None	
17. INFORMANT Bonnie Bridges, 4037 West Pine		Address	
18. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema of the Brain (Traumatic)			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			983X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Following mistreatment and			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Car accident		20b. DESCRIBE HOW AND WHERE OCCURRED (State or county) in PART I of Form 10 over a bridge collapsed by Clyde Benefield, father of deceased in Home	
20c. TIME OF INJURY Hour a.m. p.m. 2 28 58 February 28, 1958		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, boat, etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 705 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Deputy or title) Catrick P. Taylor Coroner		21b. ADDRESS 1300 Clark	
21c. DATE SIGNED 3.3.58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-3-58	
23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Jonesboro, Illinois.	
24. FUNERAL DIRECTOR Norris & Son Funeral Home, Jonesboro, Ill.		25. DATE RECD. BY LOCAL REG. MAR 3 '58	
26. REGISTRAR'S SIGNATURE Paul Smith mo mgs.			

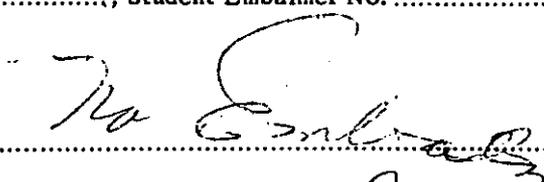
BIRTH 24967
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 

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.