Benson
89676-58

Health, Welfare Public Service

300 0
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039422
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kennett Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dunklin Memorial Hospital — Length of stay in 1b: 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett Mo. 0352 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 407 W. 6th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Terry Lee — Middle: — Last: Walters

4. DATE OF DEATH: Month: Nov. Day: 12 Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 11- 1958

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: — Days: 2 — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX

10b. KIND OF BUSINESS OR INDUSTRY: XX

11. BIRTHPLACE (City and state or country): Kennett Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Jacqlin Walters

14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. — (If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Roy Walters — Address: Kennett Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): prematurity
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None 7625

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 11-11-58, to 11-12-58 and last saw her/him alive on 11-12-58
Death occurred at 11.00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leo Benson Jr. — (Degree or title): M.D. — **22b. ADDRESS**: Kennett Mo. — **22c. DATE SIGNED**: 11-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 11-13-58 — **23c. NAME OF CEMETERY OR CREMATORY**: Oak Ridge Cemetery — **23d. LOCATION** (City, town, or county): Kennett — (State): Mo.

24. FUNERAL DIRECTOR: Lentz Service — **ADDRESS**: Kennett Mo. — **25. DATE RECD. BY LOCAL REG.**: 11-17-1958 — **26. REGISTRAR'S SIGNATURE**: Earl Hershbrand

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT .....

COUNTY FILE NUMBER 1158-294

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. ..... Not Embalmed working under my personal supervision.

Student ..... Signed Edgar Lee Ford

Signature of Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.