

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029773

FILED VS AUG 26 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 247 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Length of stay in 1b	c. CITY OR TOWN <u>Marblehead</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>JANE</u> Last <u>BENJAMIN</u>			4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>March 15, 1889</u>	9. AGE (last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>5</u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Eldora Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Charles Goodwin</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Myers</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Benjamin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Gladys Austin "Ewistown Missouri</u>			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary atelectasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 15 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Multiple rib fractures Neurothorax; Pneumonia</u>	DUE TO (c) <u>Multiple rib fractures</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Shock, Fractures of pelvis</u>		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Multiple rib fractures sustained in auto accident</u>				
20c. TIME OF INJURY Hour <u>6:10</u> a.m. <u></u> Month, Day, Year <u>8-15-59</u>	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 bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Near Payson, Illinois</u>	COUNTY <u>Adams</u>	STATE <u>Ill.</u>		
21. I attended the deceased from <u>6:45 P.m. 8-15-59</u> to <u>7:25 P.m. 8-15-59</u> and last saw her alive on <u>8-15-59</u> Death occurred at <u>7:25</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Frank Brown, M.D.</u> (Degree or title)			22b. ADDRESS <u>Hannibal, Missouri</u>		22c. DATE SIGNED <u>8-16-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/19/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Payson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Payson Illinois</u>	
24. FUNERAL DIRECTOR <u>W. C. Cosgrove Payson Illinois</u> ADDRESS			25. DATE RECD. BY LOCAL REG <u>8-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke, Payson</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. C. [Signature]*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.