

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-000252

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 83

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>13 days</u>	c. CITY OR TOWN <u>Marshall</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OR INSTITUTION <u>University of Missouri Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>
3. NAME OF DECEASED (Type or print) First <u>Benson</u> Middle <u>MS</u> Last <u>Cue</u>		4. DATE OF DEATH Month <u>2</u> Day <u>6</u> Year <u>1962</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-01</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William MS Cue</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Heeman</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Medical Center Records</u>	Address <u>Columbia Missouri</u>
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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) <u>BILATERAL LOBAR PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BRONCHIAL OBSTRUCTION</u>		
DUE TO (c) <u>BRONCHOGENIC CARCINOMA, BILATERAL ABOUT 3 YRS.</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CONVULSIVE SEIZURES FOCAL TYPE (HEAD NOT EXAMINED)</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <u>[None]</u>
20c. TIME OF INJURY Hour <u>10:18</u> a.m. <u>10:18</u> p.m.	Month, Day, Year <u>Jan. 24, 1962</u>	

20d. INJURY OCCURRED WHILE AT WORK <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 <u>Marshall</u>	COUNTY <u>Saline</u>	STATE <u>Missouri</u>
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21. I attended the deceased from Jan. 24, 1962 to Feb. 5, 1962 and last saw him alive on Feb. 5, 1962  
Death occurred at 10:18 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert W. Wellenbach M.D.</u>	22b. ADDRESS <u>Clinic of Mo. Med. Center, Columbia</u>	22c. DATE SIGNED <u>Feb. 5, 1962</u>
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23a. BURIAL, CREMATION, REMOVAL, OR OTHER (Specify) <u>Burial</u>	23b. DATE <u>2-7-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sauvian Cemetery</u>	23d. LOCATION (City, town, or county) <u>Marshall Missouri</u>
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24. FUNERAL DIRECTOR <u>Gregory H. Green, Xinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 7 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>
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AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 15 1962

FEB 20 1962

**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. 4220

P. O. Address Dulton, 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.