

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

68 0019633

188

Registration District No. 17

Primary Registration District No. 3016

Registrar's No.

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		NORMAN	LEROY	BENSON	MALE	MAY 24 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEAR)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4		White	81		FEB 1-1987		7a. Cole
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. JEFFERSON CITY		7b. YES		7c. Memorial Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 KANSAS		U.S.A.		10 Married		11. V	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12 496-05-5769		13a. Farming-Carpenter		13b. Elva Myrtle Benson			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Missouri		14b. MONTEAU	14c. California	14d. NO		14e. RFD #3	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15		Joseph	E	BENSON	Alice Virginia Jolliffe		
INFORMANT—NAME		MAILING ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Elva Myrtle Benson		17b. California RFD #3					
PART I		DEATH WAS CAUSED BY:				ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
18		IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(a) Traumatic chest injury					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(b)					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(c)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
CAUSE							
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	
						19a.	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.		20b.		20c.	20d.		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		5	24	1968	5	24	1968
21b. DECEASED FROM		5	24	1968	5	24	1968
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, (DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED)		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Fred O. Tietjen, M.D.		23b.		23c. M.D.		23d. 5/24/1968	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a.		23b.		23c.		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. Burial		24b. City Cemetery		24c. California		24d. Mo	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24a. 5-27-1968		24b. Williams Funeral Home		24c. 211 Soak California Mo			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. Hugh E. Williams		25b. Norma M. Jones		25c. 5-27-68			

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 0  
10a. 81  
10b.  
11. 1  
12. 1  
13. 9 X 8120  
14.  
15. 9  
16. 35  
17. 333  
18. 0  
19. CREDITS  
20. 1-0

4. 0269  
5. 3

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0680

PARENTS

CAUSE

CERTIFIER

BURIAL

8961 & NW7C  
JUN 3 1968

# 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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.