



TARRANT COUNTY TXGENWEB

Barbara Knox and Rob Yoder, County Coordinators

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Linda Jean Benedict Keeling

Contributed by [Shirley Cullum](#)

Linda Jean Benedict Keeling was the daughter of Robert "Bobby" and Iva Earlene Pogue Benedict. She was married to Rodney J. Keeling and had 2 daughters, ages 5 & 10 years old when she died. Linda was the driver of the car hit by a train at an unmarked railroad crossing. Her father was my first cousin but since I am part of my Dad's second family, Linda was only a year younger than me.

-- Shirley

The newspaper article is from the The Dallas Morning News, Wed. Oct. 15, 1975, sec D, pg 5.

Wreck victim's rites planned

**Fort Worth Bureau of The News
COLLEYVILLE, Texas—**

Funeral services for Mrs. Linda Jean Keeling, 28, of Colleyville, who was fatally injured in a car-train collision, will be held at 10 a.m. Wednesday in the Colleyville Church of Christ. Burial will be in Bluebonnet Hills Cemetery.

The victim was a bookkeeper for a Dallas restaurant supply company.

Mrs. Keeling died Monday of injuries suffered Friday when her car was struck at the St. Louis-Southwestern crossing on Pleasant Run-White Chapel Road. Residents of the area began a campaign to get warning signals installed at the crossing.

NON-RESIDENT

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58 E 810.0

STATE OF TEXAS 220-01-2 220-20 CERTIFICATE OF DEATH E 8100 65 STATE FILE NO. 78365

1. PLACE OF DEATH a. COUNTY Tarrant		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Tarrant	
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		c. LENGTH OF STAY 3 days		c. CITY OR TOWN (If outside city limits, give precinct no.) Colleyville	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION John Peter Smith Hospital		d. STREET ADDRESS (If rural, give location) Rt. 1 Box 1389 Smithfield			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LINDA		(a) First JEAN		(c) Last KEELING	
5. SEX Female		a. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Restaurant Supply		8. DATE OF BIRTH Sept. 17, 1947	
11. BIRTHPLACE (State or foreign country) Texas		9. AGE (In years last birthday) 28		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Robert Ray Benedict		14. MOTHER'S MAIDEN NAME Iva Earlene Pogue		17. INFORMANT Rodney J. Keeling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 462-76-5346		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause for the (a), (b), and (c).) TEXAS DEPT. OF HEALTH IMMEDIATE CAUSE (a) Complications of multiple head and abdominal injuries, DUE TO (b) Automobile vs. train accident. DUE TO (c) Nov 12 1975 BUREAU OF VITAL STATISTICS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
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.) Deceased was driver of automobile which was struck by train while crossing tracks.			
20c. TIME OF INJURY Hour: 7:58 a.m. 10-10-75		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Pleasant Run Rd & Cotton Belt Railroad Colleyville Tarrant Texas			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Colleyville Tarrant Texas			
21. I hereby certify that I attended the deceased's Inquest on October 13 1975 and last saw the deceased alive on 5:07 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Felix Gwozdz		22b. ADDRESS (Degree or title) FELIX GWOZDZ, M.D. 1062 W. MAGNOLIA, FORT WORTH		22c. DATE SIGNED 10-17-75	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 13, 1975		23c. NAME OF CEMETERY OR CREMATORY Bluebonnet Hills Memorial Park	
23d. LOCATION (City, town, or county) Colleyville Texas		24. FUNERAL DIRECTOR'S SIGNATURE J.E. FOUST & SON, J.E. FOUST JR. #4735			
25a. REGISTRAR'S FILE NO. 3490		25b. DATE REC'D BY LOCAL REGISTRAR OCT 22 1975		25c. REGISTRAR'S SIGNATURE Robert S. Wallace	