

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9536

| | | | | | | | |
|---|-------------------------------|---|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>280</u> | | PRIMARY REG. DIST. NO. <u>4418</u> | | Registrar's No. <u>17</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden Point, Mo</u> | | c. LENGTH OF STAY (In this place) <u>3 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden Point, Mo.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (Home) | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Creed</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) <u>Benner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 19, 1871</u> | | 9. AGE (In years last birthday) <u>77</u> | If under 1 year <u>10</u> Months <u>0</u> Days | If under 1 year <u>0</u> Weeks <u>0</u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Platte County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Jacob Benner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Kilgore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lulu Ann Moody</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'S SIGNATURE OR NAME ADDRESS <u>Lulu Ann Benner, Camden Point, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusions</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Tom H. Hullett : 3 coroner</u> | | | | 23b. ADDRESS <u>Platte City mo</u> | | 23c. DATE SIGNED <u>2-20-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 21</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Camden Point Cemetary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Camden Point, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-10-49</u> | | REGISTRAR'S SIGNATURE <u>Uphiea Rollins</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn + Aufenc</u> | | ADDRESS <u>Deaton, MO.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10-48

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-15-49

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
Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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 this body is not embalmed, fact should be so stated above.