

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2070

State File No.

| | | | | | | | |
|--|-------------------------------|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 4428 | | PRIMARY REG. DIST. NO. 4428 | | Registrar's No. 8 | |
| 1. PLACE OF DEATH a. COUNTY Platte | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte 0850 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston Weston | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION no | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Annie | | b. (Middle) Theresa | | c. (Last) Benner | |
| 4. DATE OF DEATH | | (Month) 1-13-50 | | (Day) | | (Year) | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH 10-16-64 | | 9. AGE (In years last birthday) 85 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY home | | 11. BIRTHPLACE (State or foreign country) Weston, Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Winibald Rumpel | | 13b. MOTHER'S MAIDEN NAME Josephine Emhart | | 14. NAME OF HUSBAND OR WIFE C. D. Benner | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. XX | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. W. H. Humphrey | | ADDRESS Weston, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of sigmoid colon | | | | INTERVAL BETWEEN ONSET AND DEATH 12 mo | |
| | | 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. Arteriosclerosis | | | | 153x | |
| 19a. DATE OF OPERATION none | | 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT <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 July 7, 1949 , to Jan 13, 1950 , that I last saw the deceased alive on Jan 12, 1950 , and that death occurred at 6 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE D. J. Felling (Degree or title) D.O. | | | | 23b. ADDRESS Weston, Mo. | | 23c. DATE SIGNED 1-14-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-16-50 | | 24c. NAME OF CEMETERY OR CREMATORY Laural Hill Cem. | | 24d. LOCATION (City, town, or county) (State) Weston, Missouri | |
| DATE REC'D BY LOCAL REG. 1-14-50 | | REGISTRAR'S SIGNATURE B. R. R. R. | | 25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN FUNERAL HOME | | ADDRESS WESTON | |

(Licensed Embalmer's Statement on Reverse Side)

114.

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

RECEIVED

JAN 31

District Health Officer No. 8.

District File Number

Date Filed

2-1-30

1931 JUL 2 9 37 AM

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. P. Vaughan

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.