

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26784**
Registrar's No. **3442**

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 39 years		d. STREET ADDRESS (If rural, give location) 1420 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

2188
370

3. NAME OF DECEASED a. (First) Elmer b. (Middle) _____ c. (Last) Benson			4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 12 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Hay & Roys Bar	11. BIRTHPLACE (State or foreign country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME No record	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Winifred Benson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 196-05-1462	17. INFORMANT'S SIGNATURE OR NAME Mrs Winifred Benson
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, asthenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS 912 Locust

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary congestion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy and dilatation of heart (c) due to coronary arteriosclerosis with DUE TO (c) Paroxysmal ventricular tachycardia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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 **August 7, 1951**, to **August 9, 1951**, that I last saw the deceased alive on **August 9, 1951**, and that death occurred at **05A** m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns	(Degree or title) _____	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 8-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5 Aug 11 1951	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
DATE REC'D BY LOCAL REG. 8-11-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25 FUNERAL DIRECTOR'S SIGNATURE QUIRK TOBIN - 20th LINWOOD	

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

Dr. Richert

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

Forrest D Coldenow

Licensed Embalmer No. *4714*

P. O. Address *K C 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.