

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8262**

No. 300
10.48

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BIRTH NO. AD 29 4050		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1261
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY JACKSON		a. STATE MISSOURI		
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		b. COUNTY JACKSON		
c. LENGTH OF STAY (In this place) 48 YRS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		
d. FULL NAME OF HOSPITAL OR INSTITUTION MARGARET CATHERINE B. HOME		d. STREET ADDRESS (If rural, give location) 922 LINWOOD		
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) CHRISTINA			(Month) (Day) (Year) 3 15 52	
b. (Middle) WALL			c. (Last) BENSON	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MAY 11 1877		9. AGE (In years last birthday) 74		10. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (State or foreign country) HELINGLAND SWEDEN		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHANN WALL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EDWARD M. BENSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME C.L. BENSON
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		PRECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paroxysmal tachycardia		Interval 4331
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility				years
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 <u>6-10</u>, 19<u>52</u>, to <u>3-15</u>, 19<u>52</u>, that I last saw the deceased alive on <u>3-10</u>, 19<u>52</u>, and that death occurred at <u>1:00 PM</u>, from the causes and on the date stated above.				
23a. SIGNATURE Esther Winkelman MD (Degree or title)		23b. ADDRESS 7449 New-ways		23c. DATE SIGNED 3-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-18-52		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Floral Hills Memorial Chapel K.C. Mo.		
DATE REC'D BY LOCAL REG. 3-18-52		REGISTRAR'S SIGNATURE Deraldine Holmes		ADDRESS

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

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 *Raymond McLeod*

Licensed Embalmer No. 4853

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.