

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9434

State File No.

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

FILED APR 1 1952

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5958</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>HOME</u> <u>PLATTE COUNTY MO.</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) <u>TOWN RURAL CARROL TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>9 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN RURAL CARROL TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>2 MILES WEST OF SMITHVILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>BENSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-1952</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>SEPT. 6, 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. 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>PATTONSBURG, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		13a. FATHER'S NAME <u>HENRY BENSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BRUCE</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE TUCHOLL BENSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR I</u>		17. INFORMANT'S SIGNATURE OR NAME R.F. ADDRESS <u>MRS. J. R. BENSON SMITHVILLE, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Diabetes Mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of left lateral foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days +</u> <u>7 yrs +</u> <u>3 yrs +</u> <u>2 wks +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none performed</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-6, 1952</u> to <u>3-20, 1952</u> , that I last saw the deceased alive on <u>3-20, 1952</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver Novotny</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithville Mo</u>		23c. DATE SIGNED <u>3-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-'52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-21-52</u>		REGISTRAR'S SIGNATURE <u>Alphie Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MCCOMAS FUNERAL HOME, SMITHVILLE, MO.</u>			

DEC 29 1952

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.....

Donald W. Hanks

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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.