

0060

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

FILED MAR 2 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. **4774**

BIRTH NO. _____ REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **5066** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL, SOUTHWEST (TWP)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL, SOUTHWEST TWP.	
c. LENGTH OF STAY (In this place) 61 YEARS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. # 4, PITTSBURG, KANSAS.			

3. NAME OF DECEASED (Type or Print) a. (First) LIZZIE		b. (Middle) (NMI)		c. (Last) BENSON.		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY, 20, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE-19-1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 MIN. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) STIOUX CITY, IOWA.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME WILLIAM WATSON		13b. MOTHER'S MAIDEN NAME OLENA HALVERSON.		14. NAME OF HUSBAND OR WIFE WILLIAM I. BENSON,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS JOE ROSS, PITTSBURG, KAN. R.R.#4	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Primary Site, Lung Cancer		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Confirms above diagnosis		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)		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 **Feb 12, 1953**, to **Feb 20, 1953**, that I last saw the deceased alive on **Feb 20, 1953**, and that death occurred at **0** m., from the causes and on the date stated above.

23a. SIGNATURE William T. Braun M.D.		23b. ADDRESS Pittsburg, Kans		23c. DATE SIGNED 2-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-20-1953		24c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY	
24d. LOCATION (City, town, or county) (State) PITTSBURG, KANSAS.					

DATE REC'D BY LOCAL REG. Feb 26 1953		REGISTRAR'S SIGNATURE Charlotte McDowell		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Gancey Pittsburg Kans	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert A. Yancey

Signed.....

Student Embalmer

Licensed Embalmer No. *34520*

P. O. Address *Pittsburg Pa*

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.