

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

State File No. **21481**  
2859

FILED **JUN 9 - 1953**  
BIRTH NO. **1001**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2859**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Merriam</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS <b>8611 Johnson Drive</b> <b>0510</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital of St. &amp; Harrison</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Roy</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Benedict</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 7 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 22, 1882</b>	9. AGE (In years last birthday) <b>70</b> (If under 1 year: Months) (If under 12 months: Days) (If under 12 hours: Hours) (If under 12 minutes: Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life or even if retired) <b>Newspaper publisher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>publisher</b>	11. BIRTHPLACE (State or foreign country) <b>Harper, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benedict</b>	13b. MOTHER'S MAIDEN NAME <b>May Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Benedict</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give nature and date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>510-10-1873</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bessie Benedict</b> ADDRESS <b>8611 Johnson Dr. Merriam</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Coronary thrombosis</b> <b>Coronary embolism</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 5, 1953**, to **June 7, 1953**, that I last saw the deceased alive on **June 7, 1953**, and that death occurred at **9:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.A. Fawks</b>	(Degree or title)	23b. ADDRESS <b>E. P. Fawks P.O. 2 Merriam, Kans</b>	23c. DATE SIGNED <b>6-8-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-8-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Nortonville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nortonville, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>6-8-53</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Paul Amos</b> ADDRESS <b>Funeral Home Shawnee, Kan.</b>
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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 \_\_\_\_\_

*E Paul Amos*

Licensed Embalmer No. 4385

P. O. Address Shawnee Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.