

FILED AUG 19 1953 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 28506

|   |  |  |                                      |  |  |  |   |   |  |
|---|--|--|--------------------------------------|--|--|--|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149   |                                      | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. 3853   |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |  |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson                   |  |  |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>KANSAS CITY   |  | c. LENGTH OF STAY (In this place)<br>Wk  |                                      | c. CITY (If outside corporate limits, write RURAL and give township)<br>KANSAS CITY 2298   |  |  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>1627 Belleview   |  |  |                                      | d. STREET ADDRESS (If rural, give location)<br>1627 Belleview  |  |  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) Helen  |  |  | a. (First)                           |  | b. (Middle) Benz                                 |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>7-29-53 |   |  |
| 5. SEX<br>F   |  | 6. COLOR OR RACE<br>White  |                                      | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed  |  | 8. DATE OF BIRTH<br>6-29-1888  |   | 9. AGE (In years last birthday)<br>65           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home  |                                      | 11. BIRTHPLACE (City and State or Foreign Country)<br>Unknown  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.              |   |  |
| 13a. FATHER'S NAME<br>Unknown   |  |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown |  |  | 14. NAME OF HUSBAND OR WIFE<br>Carl Benz   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give type or class of service)<br>No none   |  | 16. SOCIAL SECURITY NO.<br>Unk   |                                      | 17. INFORMANT'S SIGNATURE OR NAME<br>Jackson County Welfare  |  |  | ADDRESS<br>P.C.W. No                                |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  |  |                                      | MEDICAL CERTIFICATION  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH                |  |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary infarction</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> |  |  |                                      | <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> |  |  |   | 7955  |  |
|   |  |  |                                      |  |  |  |   |   |  |
|   |  |  |                                      | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.   |  |  |                                      |  |  |  |   |   |  |
| 23a. SIGNATURE Geo. C. Kealhofer (Degree or title)<br>Geo. C. Kealhofer, M.D., Registrar  |  |  |                                      | 23b. ADDRESS<br>4000 Swallow Creek   |  | 23c. DATE SIGNED<br>8-3-53   |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br>7-30-53   |                                      | 24c. NAME OF CEMETERY OR CREMATORY<br>C. Santa Clara   |  | 24d. LOCATION (City, town, or county) (State)<br>Kansas City, Mo.                        |   |   |  |
| DATE REC'D BY LOCAL REG.<br>8-4-53  |  | REGISTRAR'S SIGNATURE<br>Seraldine Smith   |                                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>B. E. Miller |  |   | ADDRESS<br>R.C. No.                             |  |

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*B. E. Weiler*

Licensed Embalmer No. \_\_\_\_\_

*4075*  
*K.C. 8, Mo*

P. O. Address \_\_\_\_\_

**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.