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FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30485**  
**4121**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>             |                               | c. LENGTH OF STAY (If this place) <b>unk.</b>   | c. CITY OR TOWN <b>Kansas City</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #1</b>  |                               | f. STREET ADDRESS (If rural, give location) <b>1203 McGee</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Earl</b> b. (Middle) _____ c. (Last) <b>Benchley</b>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 54</b>  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 8. DATE OF BIRTH <b>8-26-98</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Reasoner</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>unk.</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>San Francisco, Calif.</b> |
| 13a. FATHER'S NAME <b>Charles Benchley</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hatcher</b>  | 14. NAME OF HUSBAND OR WIFE <b>Etta Mae Benchley</b>                            |

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> | 16. SOCIAL SECURITY NO. <b>"unk."</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Record Clerk: K.C. Gen. Hosp. #1</b> |  |
|--|---------------------------------------|---|--|

|   |  |  |  |                                  |
|---|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Retro-peritoneal Hemorrhage</b>   |  | DUE TO (b) <b>Etiology undetermined</b>  |  | 467                              |
| ANTECEDENT CAUSES   |  | DUE TO (c) <b>items 24a, 24b, 24c, 24d 25 corrected by affidavit of Funeral Director</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
| 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) (Min) | 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 7-21-, 1954, to 8-18-, 1954, that I last saw the deceased alive on 8-18-, 1954, and that death occurred at 1:50p m., from the causes and on the date stated above.

|   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>B. C. W. Schubert, M.D.</b> | 23b. ADDRESS <b>24 &amp; Cherry</b> | 23c. DATE SIGNED <b>8-28-54</b> |
|---|-------------------------------------|---------------------------------|

|   |  |  |   |
|---|--|--|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Reinterment</b> | 24b. DATE <b>7/15/1955</b>                   | 24c. NAME OF CEMETERY OR CREMATORY <b>K.C. Anatomical Society Kansas City, Mo.</b>   | 24d. LOCATION (City, town, or county) (State) <b>Leeds, Mo.</b> |
| DATE REC'D BY LOCAL REG. <b>8-28-54</b>                         | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>B. C. W. Schubert</b> ADDRESS <b>K.C. 8. Mo.</b> |   |

(Licensed Embalmer's Statement on Reverse Side) **Wm. Lohmeyer, city Mortician**

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

B. I. BURTS MD

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.....  
Signature of Student Embalmer

Signed..... *B. E. Welch*

Licensed Embalmer No. *407*

P. O. Address *K.C. 8, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.