

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31428

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6960 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY PLATTE	
b. CITY OR TOWN RURAL - GREEN		c. CITY OR TOWN RURAL - GREEN	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) CAMDEN POINT	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) MAY c. (Last) BENNER			4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 4, 1896		9. AGE (in years last birthday) 58		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) CAMDEN POINT	
12. CITIZEN OF WHAT COUNTRY? USA.				13a. FATHER'S NAME OLIE TURNER	
13b. MOTHER'S MAIDEN NAME MARY B. TRAVABAUGH				14. NAME OF HUSBAND OR WIFE CLAUDE BENNER	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Claude Benner, Camden Point	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) DIABETES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 260X		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) GREEN TWP. PLATTE Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 APPROX. 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Kolaud M. Goffe, Coroner (Degree or title)		23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 9-17-54	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE Sept 19 1954		24c. NAME OF CEMETERY OR CREMATORY Camden Point	
		24d. LOCATION (City, town, or county) (State) Camden Point Mo.			

DATE REC'D BY LOCAL REG. Sept 19-54		REGISTRAR'S SIGNATURE Opheia Rollins 257		25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN + AUFRANC	
				ADDRESS DEARBORN	

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

0 830



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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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 this body is not embalmed, fact should be so stated above.