

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11782

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1738

1. PLACE OF DEATH <i>Children's Mercy Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Jackson</i>	a. STATE <i>Kansas</i>	b. COUNTY <i>Leavenworth</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>	c. CITY OR TOWN <i>Leavenworth</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <i>17 days</i>		STREET ADDRESS (If rural, give location) <i>1429 Cherokee</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Children's Mercy Hospital</i>			

3. NAME OF DECEASED (Type or Print) <i>Frederick Lee Benton</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4 - 19 - 55</i>
a. (First)	b. (Middle)
c. (Last)	

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>8-26-1954</i>	9. AGE (In years last birthday) <i>7</i>	IF UNDER 1 YEAR <i>7</i> Months <i>23</i> Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Leavenworth, Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			

13a. FATHER'S NAME <i>Forrest Benton</i>	13b. MOTHER'S MAIDEN NAME <i>June Richerson</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Child</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Forrest Benton - 1429 Cherokee</i>	ADDRESS <i>Leavenworth, Kansas</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>DUODENAL OBSTRUCTION</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>7593</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>ADHESIONS (CONGENITAL)</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>MALNUTRITION</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>ADHESIONS</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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 4-2, 1955, to 4-19, 1955, that I last saw the deceased alive on 4-19, 1955, and that death occurred at 8:35 pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Wayne Hart</i>	Wayne Hart MD (Degree or title)	23b. ADDRESS <i>1710 Indep. Ave., K.C., Mo.</i>	23c. DATE SIGNED <i>4-20-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24b. DATE <i>4-20-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>MT. MUNGIE CEM.</i>	24d. LOCATION (City, town, or county) (State) <i>LEAVENWORTH KANSAS</i>
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DATE REC'D BY LOCAL REG. <i>4-20-55</i>	REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J.C. DAVIS</i>	ADDRESS <i>KEND CO. LEAVENWORTH KANS.</i>
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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 .....  
Signature of Student Embalmer

Signed *Charles E. Moulden* .....

Licensed Embalmer No. *2015*  
P. O. Address *Lawrenceville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.