

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15362**

FILED MAY 19 1955

BIRTH NO. _____ REG. DIST. NO. **249** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1825**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND PARK	
c. LENGTH OF STAY (in this place) 1 MONTH		d. STREET ADDRESS (If rural, give location) 7607 FLOYD	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeLora Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) Bender c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 28 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-19-1872	9. AGE (In years last birthday) 83	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 HR. Hours	10 UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY Pharmaceutical Co.	11. BIRTHPLACE (State or foreign country) GERMANY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Martin Bender	13b. MOTHER'S MAIDEN NAME Katherine Filsinger	14. NAME OF HUSBAND OR WIFE Johanna Bender
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Darrell Myers	ADDRESS Overland Park
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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 1811
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Bladder		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 **Mar 17, 1955**, to **Apr 27, 1955**, that I last saw the deceased alive on **Apr 27, 1955**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Calvin A. Beard (Degree or title) MD	23b. ADDRESS 2307 Bryant Bldg Kansas City Mo	23c. DATE SIGNED 4/27/55
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE April 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Missouri
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DATE REC'D BY—LOCAL REG. 4-29-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE J. Royce Hoge	ADDRESS Overland Park Mo.
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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 *J. Royce Hoag*

Licensed Embalmer No. *3579*

P. O. Address *Overland Park, Mo*

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.