

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33086

State File No.

FILED NOV 1 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4402

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (in this place township) <u>36 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4838 E 9th St</u>		e. STREET ADDRESS (If rural, give location) <u>4838 E 9th St</u> <u>3145</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>	b. (Middle) <u>Earl</u>	c. (Last) <u>Benton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/12/55</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6/17/1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u> Hours <u>25</u> Min.	IF UNDER 24 HRS. Hours <u>25</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy hardware Dept</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery Ward Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Clark Benton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Landers</u>	14. NAME OF HUSBAND OR WIFE <u>Esther Benton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486 09 7084</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Benton, 4838 E 9th St.,</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> years <u>4200</u>		
	DUE TO (c) <u>Fibrotic Myocardium</u>		3 years
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)	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 8-25, 1955, to 10-12, 1955, that I last saw the deceased alive on 9-23, 1955, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE OF DECEASED <u>Robert L. Ward, M.D.</u> (Degree or Title)	23b. ADDRESS <u>4126 St. John</u>	23c. DATE SIGNED <u>10-13-55</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>10/14/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>North Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-14-55</u>	REGISTRAR'S SIGNATURE <u>Neal Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K.C., Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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. 51

working under my personal supervision..

Student. Harold W. Reich
Signature of Student Embalmer

Signed Thomas A. Smith

Licensed Embalmer No. 49

P. O. Address J. C. Mc

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.