

FILED MAY 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. **13136**

Registrar's No. **1784**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

|   |  |   |   |
|---|--|---|---|
| 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>MO</b> b. COUNTY <b>CLAY</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> |  | c. CITY OR TOWN <b>KANSAS CITY NORTH</b>  | 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) <b>35 YRS</b>   |  | e. STREET ADDRESS (If rural, give location) <b>114 W. HARLEM Rd 506</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN</b>                                 |  |   |   |

|   |            |                           |           |  |
|---|------------|---------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <b>WARD</b> | a. (First) | b. (Middle) <b>BENTON</b> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <b>APR 24 1956</b> |
|---|------------|---------------------------|-----------|--|

|                    |                               |   |                                     |   |                        |                        |                       |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>JAN 26 1894</b> | 9. AGE (in years last birthday) <b>62</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|-----------------------|

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Underground DEPT K.C. Power &amp; Light</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>ARKANSAS</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b> |
|--|-----------------------------------|--|---|

|                                      |  |   |
|--------------------------------------|--|---|
| 13a. FATHER'S NAME <b>Jay Benton</b> | 13b. MOTHER'S MAIDEN NAME <b>Caledonia Sanders</b> | 14. NAME OF HUSBAND OR WIFE <b>GRACE BENTON</b> |
|--------------------------------------|--|---|

|   |  |  |                            |
|---|--|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b> | 16. SOCIAL SECURITY NO. <b>486-10-7405</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>JAMES P. BENTON</b> | ADDRESS <b>5000 TARKIE</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>4 hours</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Atherosclerosis</b> |  |  |
|   | DUE TO (c)  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <b>4201</b>  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 **4-24 1956**, to **4-24 1956**, that I last saw the deceased alive on **4/24 1956**, and that death occurred at **11:50 P.M.**, from the causes and on the date stated above.

|  |  |                                 |
|--|--|---------------------------------|
| 23a. SIGNATURE <b>Joseph E. Welker</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>836 Prof Bldg. K.C. Mo</b> | 23c. DATE SIGNED <b>4/25/56</b> |
|--|--|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>4/26/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b> | 24d. LOCATION (City, town, or county) (State) <b>Clay Co. Mo.</b> |
|---|--------------------------|--|---|

|   |  |  |                              |
|---|--|--|------------------------------|
| DATE REC'D BY LOCAL REG. <b>4-25-56</b> | REGISTRAR'S SIGNATURE <b>Neva Marshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Neumann</b> | ADDRESS <b>Sons N. K. C.</b> |
|---|--|--|------------------------------|

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

Dr. Rindquist  
14 1/2 Baltimore  
7th floor.  
DR Welles.

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 *Shawn H. Hill*.....

Licensed Embalmer No. 458

P. O. Address R.C. 16. Va.

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.