S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1957

State File No. 27802

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Liberty
c. LENGTH OF STAY (In this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLAY COUNTY HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): 4 MILES S. KEARNEY, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): W.
c. (Last): BENTON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 8 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 8-15-1872
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): CLINTON Co. MO.
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: ALBERT BENTON
13b. MOTHER'S MAIDEN NAME: AMANDA GENTRY
14. NAME OF HUSBAND OR WIFE: FRANKIE LEE BENTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS. LEONARD FRY, KEARNEY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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: 4500
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19 54 to _____, 19____, that I last saw the deceased alive on* Aug 4, 19 57 *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Goodson MD
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 8/9/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: UNK.
24c. NAME OF CEMETERY OR CREMATORY: PEASANT RIDGE
24d. LOCATION (City, town, or county) (State): RURAL, WESTON, MO.

DATE REC'D BY LOCAL REG. 8-20-57
REGISTRAR'S SIGNATURE: Mabel Graham
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: FRY FUNERAL HOME, KEARNEY, MO.

(Licensed Embalmer's Statement on Reverse Side)

491-0

RECEIVED
AUG 26 1957
CLAY CO.,
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.