

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'59 0 444 12

FILED VS DEC 29 1959

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 582

V. S. 300
 Rev. 1-57

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, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>3006 Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Independence San.</u>		Length of stay in 1b <u>75 days</u>	d. STREET ADDRESS <u>4207 Terrace</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type Print) First Middle Last <u>Ruben L Benjamin</u>			4. DATE OF DEATH Month Day Year <u>Dec 21 1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 24, 1896</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>63</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President-Rock Acres Quarries</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Corsicana, Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Albert Lustig</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Swantz</u>	
14. NAME OF HUSBAND OR WIFE <u>Thelma H Lustig</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year of service) <u>Yes DWT</u>		16. SOCIAL SECURITY NO. <u>486-01-1136</u>	
17. INFORMANT <u>Thelma H. Lustig</u>		Address <u>4207 Terrace K.C. Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma of left breast</u> DUE TO (b) <u>infiltrating ductal carcinoma & necrosis and peritumoral continuity</u> DUE TO (c) <u>Diabetes</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <u>-</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY <u>-</u>		STATE <u>-</u>	
21. I attended the deceased from <u>10-10-59</u> to <u>12-21-59</u> and last saw him alive on <u>12-21-59</u> Death occurred at <u>11:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James W. Williams MD</u>			22b. ADDRESS <u>Oak Grove Mo</u>		22c. DATE SIGNED <u>12-22-59</u>
23a. MANNER OF BURIAL, CREMATION, OR TOMB (Specify) <u>Serial</u>		23b. DATE <u>Dec 23, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MF Moriah</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
24. FUNERAL DIRECTOR <u>Freeman Mortuary</u>		ADDRESS <u>K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-23-59</u>	26. REGISTRAR'S SIGNATURE <u>James W. Williams</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

JAN 5 1960 DEC 29 1959

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 *J. L. Freeman*

Licensed Embalmer No. *2939*

P. O. Address *K.C. Mo.*

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.