

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 26 1960

-60-016412

INDEXED

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u>		Length of stay in [b] <u>one month</u>		c. CITY OR TOWN <u>Weston</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>Matthew's Nursing Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Weston</u>	
3. NAME OF DECEASED (Type or print) First <u>Roene</u> Middle <u>Benson</u> Last <u>Benson</u>				4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-22-99</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>60</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurment</u>		11. BIRTHPLACE (City and state or country) <u>Ackley, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles Goodwin</u>			13b. MOTHER'S MAIDEN NAME <u>Alice K. Flessa</u>		14. NAME OF HUSBAND OR WIFE <u>John E. Benson</u>		
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>no</u>		17. INFORMANT <u>Mr. Robert Mann Norfolk, Va.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u> 10 hrs. DUE TO (b) <u>Cerebral hemorrhage, rt. sided paralysis, 48 days.</u> DUE TO (c) <u>Hypertension</u> 6 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>XXXXXXXXXXXXXX</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>XXXXXXXXXXXX</u>			
20c. TIME OF INJURY Hour <u>XXXX</u> Month <u>XXXX</u> Day <u>XXXX</u> Year <u>XXXX</u> <u>XXXXXXXXXXXXXX</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>		20f. CITY, TOWN, OR LOCATION <u>Weston</u>		COUNTY <u>Platte</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>Feb. 21 1960</u> to <u>Apr. 9 1960</u> and last saw her alive on <u>Apr. 9, 60.</u> Death occurred at <u>2.30 AM.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dennis C. Palwick</u> (Degree or title)				22b. ADDRESS <u>Weston Missouri</u>		22c. DATE SIGNED <u>4/12/60.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-12-1960</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Graceland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>	
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home, Weston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4.12-1960</u>		26. REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.