MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-001236
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 193

AMENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 15yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lakeside Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1030 Benton-Apt 110
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Blanche Middle Louise Last Benz
4. DATE OF DEATH: Month 1 Day 12 Year 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 4-21-02
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept. Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Sears
11. BIRTHPLACE (City and state or country): Ames Okla.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward E. Bruner
13b. MOTHER'S MAIDEN NAME: Minnie Shaw
14. NAME OF HUSBAND OR WIFE: --
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.: 498-30-5559
17. INFORMANT: Minnie Shaw Address: 1030 Benton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebro-vascular thrombosis — 14 days
DUE TO (c) arteriosclerosis — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): nephro-sclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-25-55, to 1-12-61 and last saw ~~him~~ her alive on 1-12-61
Death occurred at 1:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John C. Taylor, M.D.
22b. ADDRESS: 3504 Troost
22c. DATE SIGNED: 1-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-14-61
23c. NAME OF CEMETERY OR CREMATORY: Pond Creek Cemetery,
23d. LOCATION (City, town, or county) (State): Pond Creek, Oklahoma

24. FUNERAL DIRECTOR ADDRESS: Sine & McClure Funeral Home, Kansas City, Missouri.
25. DATE RECD. BY LOCAL REG.: 1-13-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: BY AFFIDAVIT OF John C. Taylor

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

TYPEWRITER RIBBON

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.