

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4819-62-034638
REGISTRAR'S NO. 4819 STATE FILE NUMBER 62-034638

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED OCT 8 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 58 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4120 OAK STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle E Last BENUS			4. DATE OF DEATH Month SEPTEMBER Day 18 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/11/95	9. AGE (last birthday) 67 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) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY BERG-GIBSON MANUFACTURING CO.		11. BIRTHPLACE (City and state or country) MARTHASVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
----------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------	--	------------------------------------------------------------------------	--	------------------------------------------------	--

13a. FATHER'S NAME HENRY BENUS		13b. MOTHER'S MAIDEN NAME SARAH NEIMEYER		14. NAME OF HUSBAND OR WIFE BLANCHE F. BENUS	
------------------------------------------	--	----------------------------------------------------	--	--------------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		17. INFORMANT Address 4120 OAK STREET MRS. BLANCHE F. BENUS, KANSAS CITY.	
------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I. General Arteriosclerosis		

PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell in bathroom at home	
20c. TIME OF INJURY Hour 10:00 p.m. Month, Day, Year 9-5-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Kansas City Jackson MO	

21. I attended the deceased from _____, to _____ and last saw him/her alive on _____.
Death occurred at **11:50 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 152 Union Station		22c. DATE SIGNED 9-20-62	
----------------------------------------------------------	--	------------------------------------------	--	------------------------------------	--

23a. BURIAL REMOVAL (Specify)		23b. DATE SEPT. 22, 1962		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
-------------------------------	--	------------------------------------	--	---------------------------------------------------------------------	--	------------------------------------------------------------------------------	--

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 9-20-62		26. REGISTRAR'S SIGNATURE Ruth Long	
-----------------------------------------------------	--	---------------------------------------------------	--	------------------------------------------------	--	-----------------------------------------------	--

VS 300 Rev. 4/59

1
2 **678**
3
4 **0**
5 **1**
6
7 **0**
8 **1**
9 **9030**
10 **20**
11 **123**
12 **65-3**
13

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

Hugh H. Owens

USE BLACK INK OR 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 _____
Signature of Student Embalmer

Signed Dean M. Huff

Licensed Embalmer No. 4917

P. O. Address Indp., 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.