

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1448

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3378	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home		d. STREET ADDRESS (If rural, give location) 2425 College	
3. NAME OF DECEASED (Type or Print) BENJAMIN		4. DATE OF DEATH (Month) (Day) (Year) 1-19-51	
5. SEX MO		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH 3- - 1856	
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor (retired)	
11. KIND OF BUSINESS OR INDUSTRY Construction		12. BIRTHPLACE (State or foreign country) Illinois	
13. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elizabeth Stout	
13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Louise Stout	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Home, Rt. #4 - Indian Mo.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, generalized 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Yes Yes 4200	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 29, 1950, to Jan 14, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 6:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Harrison		23b. ADDRESS 1111 1/2 E. 12th St. Kansas City, Mo.	
23c. DATE SIGNED 1/19/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-22-51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24e. DATE REC'D BY LOCAL REG. 1-20-51	
REGISTRAR'S SIGNATURE Donald C. Samshaw		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. E. F. Forster, R.C., Mo.	
ADDRESS		ADDRESS	

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Dean Owens

Signed.....

Student Embalmer

Licensed Embalmer No. *4280*

P. O. Address *R. C. Ma*

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 this body is not embalmed, fact should be so stated above.