

JUL 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24743**
Registrar's No. **281**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

485
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 64100	
c. LENGTH OF STAY (In this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 8607 Wilson Rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) P. c. (Last) Benedict			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 2, 1890			9. AGE (In years, months, days) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jacker
10b. KIND OF BUSINESS OR INDUSTRY Stationary			11. BIRTHPLACE (State or foreign country) Baldwell, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leonard Benedict		13b. MOTHER'S MAIDEN NAME Lettie Jones		14. NAME OF HUSBAND OR WIFE Ruby Benedict	
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. 489-28-3277		17. INFORMANT'S SIGNATURE OR NAME Ruby Benedict ADDRESS 8607 Wilson Rd	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Arteriosclerotic heart disease DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo C. Seally, Jr. Deputy Coroner		23b. ADDRESS 2050 Broadway Blvd		23c. DATE SIGNED 7-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 7-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Wash Cem	
24d. LOCATION (City, town, or county) (State) Kansas City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Wilton L. Tappley Indep Mo ADDRESS _____			
DATE REC'D BY LOCAL REG. 7-7-52		REGISTRAR'S SIGNATURE Thomas A. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Wilton L. Tappley Indep Mo ADDRESS _____	

MAR 2 5 1953

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

Student Embalmer

Signed

Wilton L. Kelsey

Licensed Embalmer No. *4225*

P. O. Address *Judex 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 this body is not embalmed, fact should be so stated above.