

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25346**

DEAD AUG 0 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 64-

1. PLACE OF DEATH a. COUNTY Platte <u>0830</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte <u>0830</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Rita	b. (Middle) Mae	c. (Last) Benner	4. DATE OF DEATH 7-25-52
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 14, 1909	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James Waldo Risdon	13b. MOTHER'S MAIDEN NAME Mae Curtin	14. NAME OF HUSBAND OR WIFE Earl Benner
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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. none	17. INFORMANT'S SIGNATURE OR NAME Earl Benner	ADDRESS Weston, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		14 days
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Status asthmaticus DUE TO (c) XXXXXX		21 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had fever		15 yrs.	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? 241 X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXXX	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Weston Platte Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXXXX	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? XXXXXX
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22. I hereby certify that I attended the deceased from July 23, 1952, to July 25, 1952 that I last saw the deceased alive on July 24, 1952, and that death occurred at 5:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis C. Calverh M.D.	23b. ADDRESS Weston Missouri	23c. DATE SIGNED 7/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-28-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	24d. LOCATION (City, town, or county) (State) Leavenworth, Kans.
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DATE REC'D BY LOCAL REG. 7-28-52	REGISTRAR'S SIGNATURE Rutha Ballmer <u>257</u>	25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN FUNERAL HOME WESTON, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1956

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