

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38903**  
**5119**  
Registrar's No. \_\_\_\_\_

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>43 days</u>	c. CITY OR TOWN <u>North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>825 E. 2nd. 0241</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Benjamin</u>	b. (Middle) <u>Frankline</u>	c. (Last) <u>Sale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1952</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 25, 1871</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willis Blanton Sale</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Lora</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daugh. Susie Fisons</u>	ADDRESS <u>825 E. 2nd N. K.C. Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>  <u>CA030</u> <u>01 20</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left hip.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age of patient</u>		
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 <u>10-21-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of L Hip.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North Kansas City, Clay, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-11-52, 11:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor.</u>

22. I hereby certify that I attended the deceased from 10-11-52, 1952, to 11-23-52, that I last saw the deceased alive on 11-22-52, and that death occurred at 7:58 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Lilly</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kansas City, Mo.</u>	23c. DATE SIGNED <u>11-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-23-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>	ADDRESS <u>Excelsior Springs Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Ludice K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Exhibition Springs, 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.