

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21991

State File No. ....

FILED JUN 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 92

2512  
0

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

1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>Jackson,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. Raytown, Missouri</u> <span style="float:right">7000</span>	
c. LENGTH OF STAY (in this place) <u>5 hours</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			
3. NAME OF DECEASED a. (First) <u>Valentine</u> b. (Middle) <u>Benton,</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>	8. DATE OF BIRTH <u>Feb. 14, 1885</u>
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming,</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Stephen Benton</u>		13b. MOTHER'S MAIDEN NAME <u>Cora, Unknown,</u>	14. NAME OF HUSBAND OR WIFE <u>Pearly Benton,</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Virgil Benton, Raytown, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chest injuries,</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile Accident,</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>E 8120</u> <u>25</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High 50, Johnson County, Missouri</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>051</u> (COUNTY) _____ (STATE) _____
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4.30 P. 6-15-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by Truck on High. #50.</u>
22. I hereby certify that I attended the deceased from <u>6-15-</u> , 19 <u>53</u> , to <u>6-15-</u> , 19 <u>53</u> , that I last saw the deceased <u>alive on road, 6-15, 1953,</u> and that death occurred at <u>7:30 P m.,</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kelly Rowland M.D. Coroner Johnson Co</u>		23b. ADDRESS <u>6/16/53</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills-</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City - Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 16, 1953</u>	REGISTRAR'S SIGNATURE <u>Savannah Whitefield</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>	

RECEIVED  
JUN 22 1953  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

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 ~~me~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. B. Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.