

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24627

State File No.

FILED JUL 24 1953

BIRTH MO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3307

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3448	
c. LENGTH OF STAY (In this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 3014 Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood MEDICAL HOSP. UN			

3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) — c. (Last) Benish			4. DATE OF DEATH (Month) (Day) (Year) 6-30-53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3-8-1885			9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator operator		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Frank Benish		13b. MOTHER'S MAIDEN NAME Mary Benish		14. NAME OF HUSBAND OR WIFE Grace			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Wayne Holcomb ADDRESS 99 P. Han			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of Central Artery					INTERVAL BETWEEN ONSET AND DEATH 6/17/53	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					6/17/53	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall from ladder					6/17/53	
		DUE TO (c) acute coronary occlusion					6/17/53	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia					6/18/53	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY on Bldg - 8c. General Bldg Kansas City		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO 23	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 17, 1953 7P		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Fall from 2nd floor from bottom rung of ladder	
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22. I hereby certify that I attended the deceased from **6/19**, 1953, to **6/30**, 1953, that I last saw the deceased alive on **6/29**, 1953, and that death occurred at **Bill A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. R. Becker (Degree or title) MD		23b. ADDRESS 4010 Baltimore Kansas City, Mo		23c. DATE SIGNED 6/30/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-30-53		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) Spring Hill, Kans	
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DATE REC'D BY LOCAL REG. 7-1-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd A. Witeas ADDRESS Spring Hill Kan	
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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

Body removed to Spring Hill Home for embalming & funeral

working under my personal supervision.

Student Embalmer No.

Signed

Ray H. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. *1924*

P. O. Address *Spring Hill Road*

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.