

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15740

State File No. ....

1883

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 West 42d St.</u>				e. STREET ADDRESS (If rural, give location) <u>921 West 42d Street 3705</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>G.</u>		c. (Last) <u>BENJES</u>			
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>25</u>		(Year) <u>54</u>			
5. SEX <u>Ma</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>7-8-1933</u>			
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>					
10a. USUAL OCCUPATION (Give kind of work including part of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Jun. College</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>August W. Benjes</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth E. McClure</u>			14. NAME OF HUSBAND OR WIFE <u>XX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY (If year, date or dates of service) <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August W. Benjes, 921 W. 42d, K.C. Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteogenic Sarcoma of Leg</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <u>5 mo</u>  <u>196X</u>	
19a. DATE OF OPERATION <u>Jan 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Osteogenic Sarcoma of Leg</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>12-21-1953</u> to <u>4-24-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-24-1954</u> and that death occurred at <u>4:00</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Edw. H. Thiessen</u> (Degree or title)				23b. ADDRESS <u>156 W 47th</u>		23c. DATE SIGNED <u>4-26-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-27-54</u>		REGISTRAR'S SIGNATURE <u>Thereldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagner Funeral Home K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Alvin R. Haunse*.....

Licensed Embalmer No. *41*

P. O. Address *K. e.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license):  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.