

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence, <del>Mo.</del></b>		c. LENGTH OF STAY (In this place) <b>8 years</b>	c. CITY OR TOWN <b>Independence</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none. HOME</b>		e. STREET ADDRESS (If rural, give location) <b>421 E. Lexington</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Asenath Ann</b> b. (Middle) <b>Catherine</b> c. (Last) <b>Benson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1956</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 14, 1864</b>
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>near Carrollton, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Arterburn</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Neet</b>		14. NAME OF HUSBAND OR WIFE <b>James Thadious Benson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bertha Alkire, Phoenix, Ariz.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senescence - Terminal broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis (generalized)</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		19b. MAJOR FINDINGS OF OPERATION	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) <b>4500</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <del>from</del> <u>on</u> <b>3/9</b> , 19 <u>56</u> , at <u>_____</u> , that I last saw the deceased alive on <b>3/9</b> , 19 <u>56</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Vance E. Luck, M.D.</b>		(Degree or title) (City and State) <b>129 W. Lexington Independence, Mo.</b>	23b. ADDRESS <b>3/20/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar 20, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sibley Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Sibley, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagel H. Reppert</b> Address <b>Buckner, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-30-56</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagel H. Reppert</b> Address <b>Buckner, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Ralph G. Jones*  
Licensed Embalmer No. *460*  
P. O. Address *Odessa*

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.