

Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001643

FILED JAN 30 1959

STATE FILE NUMBER

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 23

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, give TOWNSHIP only) OR TOWN Prairie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lone Jack
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp. 8 Mas		Length of stay in 1b 8 mas	d. STREET ADDRESS (If outside, give location) 4 Mi. North

3. NAME OF DECEASED (Type or print) First Eyie Middle Benson Last Benson			4. DATE OF DEATH Month Jan. Day 22 Year 1959		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 5 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lone Jack Mo.		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Albert A. Temple		13b. MOTHER'S MAIDEN NAME Nancy Corn		14. NAME OF HUSBAND OR WIFE Virga Benson (dec)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Woodrow Benson Lone Jack Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) Arterio sclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 332x	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 6-12-58 to 1-23-59 and last saw her alive on 1-22-59 . Death occurred at 12:25 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Paul W. ... (Degree or title)		22b. ADDRESS County Hosp Indep Mo		22c. DATE SIGNED 1-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/25/1959	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	23d. LOCATION (City, town, or county) (State) Rural Jackson Co, Mo.	

24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-23-59	26. REGISTRAR'S SIGNATURE MB Langsford
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6961 FEB 4 1959

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 *McKenya Ford*

Licensed Embalmer No. *3233*

P. O. Address *1111 Sumner*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.