

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007137

FILED VS MAR 7 1960

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 30

STATE FILE NUMBER

INDEXED

|   |  |   |   |   |  |  |   |
|---|--|---|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>LINN</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>BROOKFIELD</u>  |  | Length of stay in 1b<br><u>2 WEEKS</u>  |   | c. CITY OR TOWN <u>KANSAS CITY NORTH</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>  |  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>4922 N. GARFIELD</u>             |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>HELEN</u> Middle <u>RUBY</u> Last <u>BENECKE</u>  |  | 4. DATE OF DEATH<br>Month <u>JAN.</u> Day <u>18</u> Year <u>1960</u>                                      |   | 5. SEX<br><u>FEMALE</u>   |  | 6. COLOR OR RACE<br><u>WHITE</u>   |   |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   |  | 8. DATE OF BIRTH<br><u>MAR 26 1914</u>  |   | 9. AGE (last birthday)<br><u>45</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>AT HOME</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>BRUNSWICK, MO.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>FRED CURTIS SMITH</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>MARY ANN SMILEY</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>LOUIS WALDO BENECKE</u>                            |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><u>Louis Waldo Bencke, Kansas City, Mo.</u><br>Address   |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Primary Carcinoma of Colon</u><br>DUE TO (b) <u>Secondary to liver</u><br>DUE TO (c) <u>maulnutrition-dehydration</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months.</u><br><u>5 months.</u><br><u>terminal</u> |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <u>Aug. 1959</u> to <u>Jan. 18 1960</u> and last saw her/him alive on <u>Jan. 18 1960</u><br>Death occurred at <u>2:30 1/18/60</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |   |  |  |   |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>   |  |   |   | 22b. ADDRESS<br><u>Brunswick, Missouri</u>  |  | 22c. DATE SIGNED   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 23b. DATE<br><u>JAN. 20, 1960</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>ELLIOTT GROVE</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>BRUNSWICK MISSOURI</u>           |   |
| 24. FUNERAL DIRECTOR<br><u>Nevel Funeral Home, Brunswick Mo.</u>  |  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>3-3-60</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Katharine Johnson</u>                                |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 28 1961

-STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William R. Ho

Licensed Embalmer No. 4751

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.