

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

-60-031445
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Length of stay in 1b 10 yrs		c. CITY OR TOWN Granby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Carter Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emily Middle (none) Last Benway				4. DATE OF DEATH Month August Day 6 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-23-1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 6 Days 2	IF UNDER 24 HR 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) Seneca, Kansas		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME UK			13b. MOTHER'S MAIDEN NAME UK		14. NAME OF HUSBAND OR WIFE Norman A. Benway (Deas)		
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 Address Mr. H. R. Benway Wichita, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Acute Stenosis</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u><i>Senility.</i></u> DUE TO (c) <u><i>Acute Leukemia</i></u>						INTERVAL BETWEEN ONSET AND DEATH 6 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour 5 a.m. 9 p.m.		Month, Day, Year					
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><i>July 1960</i></u> to <u><i>Aug 1960</i></u> and last saw her <u><i>8-5-60</i></u> alive on <u><i>8-5-60</i></u> Death occurred at <u><i>Carter Rest Home</i></u> <u><i>5 9</i></u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Paul C. Musickman Sr</i> (Degree or title)				22b. ADDRESS <i>Granby Mo</i>		22c. DATE SIGNED <i>8-6-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-8-1960	23c. NAME OF CEMETERY OR CREMATORY Wichita Park		23d. LOCATION (City, town, or county) Wichita, Kansas (State)			
24. FUNERAL DIRECTOR Shewake Funeral Home Granby, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. <i>Aug 10, 1960</i>		26. REGISTRAR'S SIGNATURE <i>M. B. Young</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Floyd E. Sheumaker

Licensed Embalmer No. 4923
P. O. Address Box 8 Granby, Vt.

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.