

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

769-61-005258
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10.02 Registrar No. 769

AMENDED

Registration District No. 149
FILED VS MAR 1 1961

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 6 years	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4400 East St. John	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ORLAN Last BENEPE			4. DATE OF DEATH Month FEBRUARY Day 13 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-26-86	9. AGE (last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN * RETIRED	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) EUREKA, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SETH BENEPE		13b. MOTHER'S MAIDEN NAME MARY KIELLER		14. NAME OF HUSBAND OR WIFE N/A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			17. INFORMANT M.D. BENEPE Brother 4400 E. St. John, KC, Mo Official Records VA Hospital, K.C., 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) Cardiac Arrest Stokes-Adams Syndrome and A.S.H.D. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ 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
21. He attended the deceased from February 13, 1961 to Feb 13, 1961 Death occurred at 8:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Myra A. Owens</i>		(Degree or title)		22b. ADDRESS 152 Union Station	22c. DATE SIGNED 3-14-61
23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-15-1961	23c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Mo	
24. FUNERAL DIRECTOR C. H. Blackman & Son K.C., Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-14-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **Myra A. Owens**

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address S. C. Mo.

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.