

CERTIFICATE OF DEATH

124

69 0044732

DO NOT WRITE
ON THIS STUD

VS 300
Rev. 1/68

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1364

9. 1
10a. P1
10b.
11. 1
12. 2
13. 437.9
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

4. 5/17
5. 02

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 8/50
PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>NELLIE W. BENITZ</u>					2. <u>Female</u>	3. <u>November 21, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>81</u>		5b. <u>Yes</u>	6. <u>Nov. 15, 1888</u>		7a. <u>Buchanan</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>St. Joseph</u>		7c. <u>Yes</u>		7d. <u>Missouri Methodist Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Tenn.</u>		9. <u>USA</u>		10. <u>Widowed</u>		11. <u>---</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>---</u>		13a. <u>House work</u>		13b. <u>Own Home</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. <u>Kansas</u>		14b. <u>Doniphan</u>	14c. <u>Wathena</u>		14d. <u>207 North 3rd, Street</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>Frank</u>				<u>-- Willard</u>	16. <u>Elizabeth -- Binford</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Mr. Donald Benitz</u>				17b. <u>2009 Dewey, Avenue St. Joseph, Missouri</u>			
PART I. DEATH WAS CAUSED BY:				ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			
18. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) <u>Cerebrovascular accident with loss of control</u>				<u>9 days</u>			
DUE TO, OR AS A CONSEQUENCE OF:							
(b) <u>Advanced cerebral arteriosclerosis</u>				<u>many years</u>			
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
19a. <u>No</u>						19b. <u>No</u>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. <u>---</u>		20b. <u>---</u>		20c. <u>---</u>	20d. <u>---</u>		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
21a. <u>---</u>		21b. <u>---</u>		21c. <u>---</u>			
CERTIFICATION—PHYSICIAN:		MONTH		DAY	YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. <u>---</u>		21b. <u>---</u>		21c. <u>---</u>		21d. <u>---</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)	
22a. <u>---</u>		22b. <u>---</u>		22c. <u>---</u>		22d. <u>---</u>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>Evon A. Peterson, MD</u>		23b. <u>---</u>		23c. <u>---</u>		23d. <u>---</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
24a. <u>P.O. Box 90</u>		24b. <u>Wathena</u>		24c. <u>Kansas</u>		24d. <u>66090</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		STATE	
25a. <u>Removal</u>		25b. <u>Christ Lutheran Cemetery</u>		25c. <u>Wathena, Kansas</u>		25d. <u>---</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		FUND RECEIVED BY LOCAL REGISTRAR			
26a. <u>Nov. 21, 1969</u>		26b. <u>Harman Mortuaries, Inc. P. O. Box 426, Wathena, Kansas</u>		26c. <u>December 2, 1969</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE					
27a. <u>Harman</u>		27b. <u>---</u>					

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 John H. Hurley

Licensed Embalmer No. 5321

P. O. Address St Joseph 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.