

1 NAME OF DECEASED (Type or print) Stanley			2 SEX Male			3 DATE OF DEATH June 7, 1984		
4 RACE White			5a WAS THE DECEASED OF SPANISH ORIGIN? No			5b IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC		
6a PLACE OF DEATH - COUNTY Dallas			6b CITY OR TOWN (if outside city limits, give precinct no.) Mesquite			6c FRAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION Mesquite Community Hosp.		
7. AGE (In years last birthday) 82			8. DATE OF BIRTH 9-29-1901			9. IF UNDER 1 YEAR Months Days Hours Minutes		
10 BIRTHPLACE (State or foreign country) Kentucky			11 CITIZEN OF WHAT COUNTRY? USA			12 WAS DECEASED EVER IN U.S. ARMED FORCES? No		
13 SURVIVING SPOUSE (if wife, give maiden name) Maude Dolores Johnson			14 SOCIAL SECURITY NO 287-09-9008			15a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Salesman		
15b KIND OF BUSINESS OR INDUSTRY Ladies Shoes			16a RESIDENCE - STATE Texas			16b COUNTY Hamilton		
16c CITY OR TOWN (if outside city limits, show rural) Chattanooga			16d STREET ADDRESS (if rural, give location) 100 S. Saint Marks			16e INSIDE CITY LIMITS? Yes		
17 FATHER'S NAME Wm. Dudley Benton			18 MOTHER'S MAIDEN NAME Mary Etta Lykins			19 SIGNATURE OF INFORMANT Stanley Benton, Jr.		
20 IMMEDIATE CAUSE (Enter only one cause per line for I, II, III, IV) Arteriosclerotic Cardiovascular Disease								
21 AUTOPSY? No								
22a ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST (Specify) Natural								
22b DATE OF INJURY (Mo. Day Yr.) June 7, 1984								
22c HOUR OF INJURY								
22d DESCRIBE HOW INJURY OCCURRED								
22e INJURY AT WORK (Specify yes or no)								
22f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)								
22g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE								
23a To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) M.D. Gilliland								
23b DATE SIGNED (Mo. Day Yr.)								
23c HOUR OF DEATH								
23d NAME OF ATTENDING PHYSICIAN (Type or print)								
24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) M.D. Gilliland								
24b DATE SIGNED (Mo. Day Yr.) June 7, 1984								
24c HOUR OF DEATH 8:35 A.								
24d PRONOUNCED DEAD (Mo. Day Yr.) 6/7/84								
24e PRONOUNCED DEAD (Hour) AT 8:35 A.								
25a BURIAL CREMATION REMOVAL (Specify) Removal								
25b DATE 6-7-1984								
25c NAME OF CEMETERY OR CREMATORY Lakewood Cemetery East								
26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Sparkman/Hillcrest								
26b SIGNATURE OF LOCAL REGISTRAR Frank Berry								
27a REGISTRAR'S FILE NO. 308								
27b DATE REC'D BY LOCAL REGISTRAR 7-3-84								