

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16695

BIRTH NO. _____		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 4348		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville, Mo.		c. LENGTH OF STAY (in this place) 20 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lehnen Avenue				d. STREET ADDRESS (If rural, give location) Lehnen Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) FRANKLIN c. (Last) SHEETS			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. maintenance		10b. KIND OF BUSINESS OR INDUSTRY Sexton Foreman		11. BIRTHPLACE (State or foreign country) Callaway County, Mo.		12. CITIZENRY OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Joseph S. Sheets		13b. MOTHER'S MAIDEN NAME Lyda Maggart		14. NAME OF HUSBAND OR WIFE Charlotte Sheets			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-22-0780		17. INFORMANT'S SIGNATURE OR NAME Mrs Charlotte Sheets Wellsville Mo ADDRESS Wellsville Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crowning of Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension DUE TO (b) DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 hr 5 year 11201	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 1949 , 19____ to May 25, 1949 , that I last saw the deceased alive on May 25, 1949 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. H. Wallop (Degree or title) _____		23b. ADDRESS Wellsville		23c. DATE SIGNED 5/26/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/27/49		24c. NAME OF CEMETERY OR CREMATORY Zion cemetery		24d. LOCATION (City, town, or county) (State) Truxton Mo.	
DATE REC'D BY LOCAL REG. May 26, 1949		REGISTRAR'S SIGNATURE W. S. Romans Jr		FUNERAL DIRECTOR'S SIGNATURE R. K. Kell		ADDRESS Wellsville Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 2 1945

OCT 17 1956

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 1588

P. O. Address

Kellesville 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 this body is not embalmed, fact should be so stated above.