

FILED JUL 15 1949

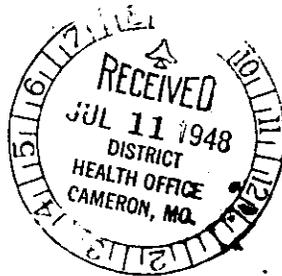
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19282
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2001 East 9th St</u>		d. STREET ADDRESS (If rural, give location) <u>214 East 11th St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) <u>H</u> c. (Last) <u>PARAMORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July, 8, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-6-1888</u>
9. AGE (In years last birthday) <u>60</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Real Estate Agent</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Real Estate Agent</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>N.L. PARAMORE</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL MEEK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. J. Deane</u> ADDRESS <u>Trenton, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>7-8-1949</u> to <u>as coroner</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mrs. B. J. Deane</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Trenton, Mo</u>	
23c. DATE SIGNED <u>7-9-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>July 10, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grundy Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-9-49</u>		REGISTRAR'S SIGNATURE <u>Deane Jai</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>		ADDRESS <u>Trenton, Mo.</u>	

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



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~~ by

Winifred S. Taff

Student Embalmer No. 239

working under my personal supervision.

Signed

Winifred S. Taff
Student Embalmer

Signed

[Signature]
Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.