

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43546

State File No.

BIRTH NO. REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6248 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Richwood,
c. LENGTH OF STAY (in this place) 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Richwood, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richwoods Twsp
d. STREET ADDRESS (If rural, give location) Richwood

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN EDWARD b. (Middle) THER c. (Last) BEAU 4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 27, 1868 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Self 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Don't Know 13b. MOTHER'S MAIDEN NAME Theresa Mary Ann Coleman 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME Adelina Fairless ADDRESS Richwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arterio-sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH
1 day
years
3 35 X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3 Dec 1949, to 4 Dec 1949 that I last saw the deceased alive on 3 Dec 1949, and that death occurred at 3:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Malv. W. Winsty, M.D. 23b. ADDRESS Des Moines 23c. DATE SIGNED 5 Dec 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-6-49 24c. NAME OF CEMETERY OR CREMATORY St. Stephen Ceme. 24d. LOCATION (City, town, or county) (State) Richwood, Missouri

DATE REC'D BY LOCAL REG. 12/6-49 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Casey & Russell St. Clair, Mo. ADDRESS _____

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

RECEIVED 12-13-49

Health Officer No. 4

File Number 1249-1637

Date Filed

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 Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4520

P. O. Address [Signature], MD

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.