

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13619**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **23**

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1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>2102 Madison</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2102 Madison</b>			

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3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b> b. (Middle) <b>ARTHUR</b> c. (Last) <b>NEIDIG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 18, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 13, 1906</b>	9. AGE (In years last birthday) <b>44</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>5</b> IF UNDER 2 HRS. Hours <b>0</b> Min. <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hatchery Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chick Hatching</b>		11. BIRTHPLACE (State or foreign country) <b>Lexington, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry J. Neidig</b>		
13b. MOTHER'S MARDEN NAME <b>Mary Ann Towles</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie Simmerman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>not known</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elsie Neidig Lexington, Mo.</b> ADDRESS _____

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of the lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>May 1948</b> <b>Mar. 18, '50</b> <b>163x</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Metastasis to the brain</b> <b>Left lung removed in 1948</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>		
19a. DATE OF OPERATION <b>Aug. 1948</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of left lung</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b># - -</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> <del>AT HOME</del>		21f. HOW DID INJURY OCCUR? <b>none</b>

22. I hereby certify that I attended the deceased from **Jan. 14, 1950**, to **Mar. 18, 1950**, that I last saw the deceased alive on **Mar. 18, 1950**, and that death occurred at **11:15 P.M.** on the causes and on the date stated above.

23a. SIGNATURE <b>Ben H. Brasler M.D.</b> (Degree or title)		23b. ADDRESS <b>Lexington, Mo.</b>		23c. DATE SIGNED <b>3/19/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/21/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Machpelah</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1 April 1950</b>	REGISTRAR'S SIGNATURE <b>Thomas S. Lauck</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Forest L. Lemuel Lexington, Mo.</b> ADDRESS _____		

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

RECEIVED *APR 10*  
District Health Officer No. 8,

*Brown*

District File Number \_\_\_\_\_  
Date Filed *4-20-50*

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 *Geo. McKeon*

Licensed Embalmer No. *2983*

P. O. Address *Lexington, 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.