

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17058**

492

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) 112 1/2 Main St.	
3. NAME OF DECEASED (Type or Print) BENJAMIN		a. (First) F.	b. (Middle) CALHOUN
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 22, 1871
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 2 HRS. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor Retired		10b. KIND OF BUSINESS OR INDUSTRY Tailoring	11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Calvin A. Calhoun	
13b. MOTHER'S MAIDEN NAME Catherine McNally		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-01-7102	
17. INFORMANT'S SIGNATURE OR NAME Mrs. D.H. Stanford		ADDRESS Joplin, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of prostate			
DUE TO (c) Carcinoma of sigmoid bowell			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X	
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) (Minute)		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>4-19</u> , 19 <u>51</u> , to <u>5-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>51</u> , and that death occurred at <u>7:00P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE W. W. Fike D.O.		23b. ADDRESS Carterville, Missouri	
23c. DATE SIGNED 5-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 9, 1951	
24c. NAME OF CEMETERY OR CREMATORY Lee Cemetery		24d. LOCATION (City, town, or county) (State) Sulphur Springs, Ark.	
DATE REC'D BY LOCAL REG. May 12-51		REGISTRAR'S SIGNATURE D. L. Hutchins	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-15-51
Jasper County Health Office

County File Number 51/5/400
Date Filed 5-15-51

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.