

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1957

State File No. 23847

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL Hosp.		d. STREET ADDRESS (If rural, give location) GRANBY R#2	

3. NAME OF DECEASED (Type or Print) BENJAMIN H. LASITER			4. DATE OF DEATH (Month) (Day) (Year) JULY 25 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 21 1866	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR 9 MONTHS 5 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GALENA MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME WILL LASITER		13b. MOTHER'S MAIDEN NAME MIRAK RODGERS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
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		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 Jan 1948, 1948, to July 25, 1957, that I last saw the deceased alive on July 21, 1957 and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. F. Whitcomb M.D.		23b. ADDRESS Neosho Mo		23c. DATE SIGNED 8-4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-28-1957		24c. NAME OF CEMETERY OR CREMATORY OAKWOOD	
24d. LOCATION (City, town, or county) (State) Newton Co. Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Malvin Borckman		ADDRESS 223	
DATE REC'D BY LOCAL REG. Aug. 4, 1957		25. FUNERAL DIRECTOR'S SIGNATURE Orley Thompson		ADDRESS Neosho Mo	

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

737
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 857-184
Date Filed 8-7-57

NEOSHO, MISSOURI

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Neosho, 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.