

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33728

State File No. ....

REC'D NOV 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4470

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Canoll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ransau City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Noelone MO</u> 0170	
c. LENGTH OF STAY (in this place) <u>31 Days</u>		d. STREET ADDRESS (If rural, give location) <u>X /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Mays</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 20 - 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 HR. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Days labor</u>	11. BIRTH PLACE (State or foreign country) <u>State of Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Mays</u>	13b. MOTHER'S MAIDEN NAME <u>Jeanette Offard</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>709-18-4245</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Matthews</u>	ADDRESS <u>2444 agnes</u>
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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) <u>Coronary Heart Dis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mesenteric thrombosis</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		5702	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-9-1951, to 10-19-1951, that I last saw the deceased alive on 10-19-1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. C. Turner MD</u>	23b. ADDRESS <u>1433 E. 19th</u>	23c. DATE SIGNED <u>10/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stemple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1-Mile North Noelone MO</u>
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DATE REC'D BY LOCAL REG. <u>10-20-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G Deitch</u>	ADDRESS <u>Noelone MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1961

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 me

working under my personal supervision.

Student Embalmer No.....

Signed John G. Deitch

Signed.....  
Student Embalmer

Licensed Embalmer No. 3654

P. O. Address No. 1000 Ma.

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.