

BIRTH NO. <u>3-19-52</u>		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>41074</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u>		<u>0290</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>So Main st</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Calvin</u> c. (Last) <u>Fite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6 1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 4 1879</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 HRS. Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Obaiah D Fite</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Fite</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Elizabeth Fite</u>				
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Fite Lockwood Mo</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>10 yrs.</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (Min.)		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>3-6 1952</u> , to <u>3-6-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-6</u> , 19 <u>52</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Geo L. Neier M.D.</u>				23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>3-8-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-52</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Hampton</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-10-52</u>		REGISTRAR'S SIGNATURE <u>Geo L. Neier 79-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield M.</u>				

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

W. R. Allison

Signed.....

Student Embalmer

Licensed Embalmer No.

4404

P. O. Address

Greenfield, 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.