

No. 300  
10-48

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44656

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) 115 South 6 th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 South 6th St.			

3. NAME OF DECEASED (Type or Print) BENJAMIN RAY VILLERS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH November 31, 1952	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10, 1884	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months 3	11. UNDER 1 YEAR Days 21	12. UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY Dunhill Shirt Co.	11. BIRTHPLACE (City and State or Foreign Country) Chelsea, Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Villers	13b. MOTHER'S MAIDEN NAME Alice McCoy	14. NAME OF HUSBAND OR WIFE Ethel Snell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Not Known	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Villers, Lexington, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis (1st attack)		
	DUE TO (c) 4201		
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"/>
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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)	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 Nov. 30, 1952, to Nov 30, 1952, that I last saw the deceased alive on Nov. 30, 1952, and that death occurred at 9:05P m., from the causes and on the date stated above.

23a. SIGNATURE Ben H. Brasher, M.D. (Degree or title)	23b. ADDRESS Lexington, Missouri	23c. DATE SIGNED 12/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE December 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Machpelah	24d. LOCATION (City, town, or county) Lexington, Missouri. (State)
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DATE REC'D BY LOCAL REG. 1-31-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

*Be*

STATEMENT BY LICENSED EMBALMER

MAY 29 1961

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. McKay* \_\_\_\_\_

Licensed Embalmer No. *2983* \_\_\_\_\_

P. O. Address *Livingston, Missouri* \_\_\_\_\_

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.