

STANDARD CERTIFICATE OF DEATH

23722

State File No.

FILED JUN 22 1953

REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4275 Registrar's No. 44

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1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) MARSHFIELD		c. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR MO	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R.F.D.1	
d. FULL NAME OF HOSPITAL OR INSTITUTION GEORGE REST HOME			

3. NAME OF DECEASED (Type or Print) BENJAMIN		a. (First) W.	b. (Middle) BAILY	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5-22-53	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-15-1871	9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO.		
13a. FATHER'S NAME Dr. L. BAILEY		13b. MOTHER'S MAIDEN NAME MOLLIE ROGERS		14. NAME OF HUSBAND OR WIFE EDA BAILEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. EUNICE WILSON SEYMOUR MO.		
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.		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) Prostatism - Pyelitis and purulent Urinary Cystitis				
		DUE TO (c) Hypertrophy of Prostate Gland.				
		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 610x			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 12-6, 1952, to 5-22, 1953, that I last saw the deceased alive on 5-22, 1953, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Webster, Mo.		23c. DATE SIGNED 6/13/53
24. BURIAL: CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-24-53	24c. NAME OF CEMETERY OR CREMATORY SEYMOUR		24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.

DATE REC'D BY LOCAL REG. 6-19-53		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
				ADDRESS	

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

AUG 28 1957

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 Max J. Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.