

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

9271

BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3644** Registrar's No. **19**

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) 25 years		d. STREET ADDRESS (If rural, give location) 3 miles east of Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles east of Lexington			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Harrison c. (Last) Willard			4. DATE OF DEATH (Month) (Day) (Year) February 23, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
13a. FATHER'S NAME John Willard			13b. MOTHER'S MAIDEN NAME Jane Pinkerton		14. NAME OF HUSBAND OR WIFE Dovie M. Brumback
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dovie M. Willard, Lexington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Demerol usage.		INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carewallow of tongue		about 2 years	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 141X			

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, 1954 to Jan, 1954 that I last saw the deceased alive on Jan 5, 1954 and that death occurred at 4:05 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. W. Ruby</i>	(Degree or title) M.D.	23b. ADDRESS Box 165, Lexington, Mo.	23c. DATE SIGNED 2/26/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Dover	24d. LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE <i>Wm. S. Gault</i>	156	9. FUNERAL DIRECTOR'S SIGNATURE <i>Temp. Smith</i>	ADDRESS <i>Missouri</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

40

300
48

JUL 13 1954

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 _____



Licensed Embalmer No. _____

2983

P. O. Address _____

Lehigh Valley, Pennsylvania

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.