

40388

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED DEC 31 1954

 BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5273 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" PORTER</u>		c. LENGTH OF STAY (in this place) <u>83 YEARS</u>		c. CITY OR TOWN <u>NIXA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. #1, NIXA, (RESIDENCE)</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE #1</u> 0220							
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>WEST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17-1954</u>								
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 23-1871</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER & FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RT. #1, NIXA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>WILSON WEST</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA STEPHENS</u>		14. NAME OF HUSBAND OR WIFE <u>MAMIE A. LYMAN</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MAMIE WEST, RT. #1, NIXA, MISSOURI</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>tuberculosis, pulmonary.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>				
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) m.		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>12-13, 1954</u> , to <u>12-17, 1954</u> , that I last saw the deceased alive on <u>12-13, 1954</u> , and that death occurred at <u>5:45 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Gene W. Furlong M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>				23c. DATE SIGNED <u>Dec. 18, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PAYNE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NIXA, MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 18-1954</u>		REGISTRAR'S SIGNATURE <u>Oliver Nettler</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u>		ADDRESS <u>CLEVER, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *John Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleves, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.