

STANDARD CERTIFICATE OF DEATH

State File No. **4259**

FILED MAR 7 1955

 BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinton		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (In this place) 14 months	c. CITY OR TOWN Cameron		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp			e. STREET ADDRESS (If rural, give location) 604 W 3rd St 02510		
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin Ernest b. (Middle) Bangs c. (Last) Bangs			4. DATE OF DEATH (Month) (Day) (Year) 2-21-55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19-1871	9. AGE (In years last birthday) 83	10. MONTHS 0 11. DAYS 0 12. HOURS 0 13. MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) De Kalb Co Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Bangs		13b. MOTHER'S MAIDEN NAME Margaret Carter	14. NAME OF HUSBAND OR WIFE Anne Bangs		
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anne Bangs Cameron		
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) Metastatic Cancer Sept June			INTERVAL BETWEEN ONSET AND DEATH 5 months		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer prostate gland 7 yrs.					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Optans			15 yrs.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177X		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 10-12 , 19 50 , to 2-21 , 19 55 , that I last saw the deceased alive on 2-21 , 19 55 , and that death occurred at 9:25 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Dr. Wetherston 390 (Degree or title) MD			23b. ADDRESS Cameron Mo		23c. DATE SIGNED 2-23-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-55	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) Cameron Mo		
DATE REC'D BY LOCAL REG. 8-2-55	REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmer Funeral Home Cameron		

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 10 1958

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 *Robert F. Poland*

Licensed Embalmer No. *477*
200 with
P. O. Address *London*

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.