

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7248

State File No. ....

BIRTH NO. 638 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Columbia</u>
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>University Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>Rural route #4</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENJAMIN</u>	b. (Middle) <u>ROSS</u>	c. (Last) <u>HARVEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22 - 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Oct. 30th 1954</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Illegitimate</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Harvey</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Dora Hayes, Columbia Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbidity 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 checked="" type="checkbox"/> NO <input 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) m.	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 3-21, 1955, to 3-22, 1955, that I last saw the deceased alive on 3-21, 1955, and that death occurred at 3:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray B Lewis M.D.</u> (Degree or title)	23b. ADDRESS <u>909 University, Columbia Mo</u>	23c. DATE SIGNED <u>3-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 23-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Celestial</u>	24d. LOCATION (City, town, or county) (State) <u>McBane Mo</u>
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DATE REC'D BY LOCAL REG <u>Mar 23, 55</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart D. Parker</u> ADDRESS <u>Columbia Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Stuart D. Parker*.....

Licensed Embalmer No. *290*

P. O. Address *Columbus*.....

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.