

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15382

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 605

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS 123 West Highland Ave	
3. NAME OF DECEASED (Type or print) BENJAMIN FRANKLIN BARRINGTON SR		4. DATE OF DEATH May 30 1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 16, 1885	
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Hastings Minnesota		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME James P. Barrington		14. MOTHER'S MAIDEN NAME Alvina Wilkins	
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. 500-10-4114	
17. INFORMANT Mrs. Gertrude E. Barrington		Address St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Vascular Collapse DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Peptic Ulcer & Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Operations: 3-15-55 Amputation gangrenous rt. leg, mid thigh. 5-12-56 Amputation gangrenous lt. leg, mid thigh. 260X			INTERVAL BETWEEN ONSET AND DEATH 2 days Unk. Unk.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/8/55 to 5/30/56 and last saw him alive on 5/29/56 Death occurred at 2:20P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Owen W. Slacik M.D.		22b. ADDRESS Tootle Building St. Joseph, Mo.	
22c. DATE SIGNED 5/31/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 1, 1956	
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri (State)	
24. FUNERAL DIRECTOR St. Joseph Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 8, 1956	
26. REGISTRAR'S SIGNATURE Esther M. Allison			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E Bennett*.....

Licensed Embalmer No. *46*

P. O. Address *St. Mary*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.