

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1956

State File No. **17390**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Moberly	c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY OR TOWN Moberly	d. 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 Wabash Hospital		e. STREET ADDRESS (If rural, give location) 704 S. Clark Street	

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) DYSART c. (Last) NEVINS			4. DATE OF DEATH (Month) (Day) (Year) May 10 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days _____ IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest Helper		10b. KIND OF BUSINESS OR INDUSTRY Wabash B. R.	11. BIRTHPLACE (City and State or Foreign Country) Paris Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Ewing Nevins		13b. MOTHER'S MAIDEN NAME Mary Susan Davis		14. NAME OF HUSBAND OR WIFE Elizabeth Nevins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 702-05-9290		17. INFORMANT'S SIGNATURE OR NAME Mrs. Benjamin Nevins ADDRESS Moberly, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Infarction		ACUTE CAUSES		Immediate	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Acute Coronary Occlusion		Days (?)	
		Coronary Sclerosis, Coronary In-			
		DUE TO (c) sufficiency and Cardiac Hypertrophy		Years	
		II. OTHER SIGNIFICANT CONDITIONS			
		Paralysis right side following			
		C.V.A. May 1954			

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) 4201	
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 **April 23, 1956** to **May 9, 1956**, that I last saw the deceased alive on **May 9, 1956**, and that death occurred at **6:10 a.m., May 10, 1956**, from the causes and on the date stated above.

23. SIGNATURE Dwight W. Anderson (Degree or title) MD		23b. ADDRESS Wabash Employes' Hospital		23c. DATE SIGNED 5/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial	
DATE REC'D BY LOCAL REG. 5-12-56		REGISTRAR'S SIGNATURE Seaburn		25. FUNERAL DIRECTOR'S SIGNATURE Cater Funeral Home ADDRESS Moberly, Missouri	

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

9561 81 NOV

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 *Jerry R. Carter*.....

Licensed Embalmer No. *490*

P. O. Address *Moberly*

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.