

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001656

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grain Valley		c. CITY OR TOWN Grain Valley	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION City		d. STREET ADDRESS (If outside, give location) City	
Length of stay in lb 40 Yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Ervin Herrington			4. DATE OF DEATH Month Day Year Jan 29 1959
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 Nov 25 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Simson Co Ky		12. CITIZEN OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME Clay Herrington		13b. MOTHER'S MAIDEN NAME Mahala Clark	14. NAME OF HUSBAND OR WIFE Bessie Herrington
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. 495-42-5350	17. INFORMANT Bessie Herrington Address Grain Valley 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH Sudden
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 <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 1954 to 1958 and last saw him alive on Dec 20 1958 Death occurred at 6:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Oliver M.D.		22b. ADDRESS Oak Grove Mo	
22c. DATE SIGNED 1/30/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 31 1959	23c. NAME OF CEMETERY OR CREMATORY Grain Valley Cem	23d. LOCATION (City, town, or county) Grain Valley Mo
24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 1-31-1959	26. REGISTRAR'S SIGNATURE M. B. Langford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William F. ...*

Licensed Embalmer No. *4733*

P. O. Address *Blue Springs*

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.