

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 41133

FILED JAN 14 1952

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mayfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3118</u>	
c. LENGTH OF STAY (in this place) <u>4 wks</u>		d. STREET ADDRESS (If rural, give location) <u>507 W. - 7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLYN</u> c. (Last) <u>HECTOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>10/12-1887</u>
9. AGE (In years last birthday) <u>64</u>		10. AGE (In years last birthday) <u>64</u>	11. BIRTHPLACE (State or foreign country) <u>DeKalb Co. Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME <u>James Hector</u>	13b. MOTHER'S MAIDEN NAME <u>Shannah Campbell</u>	14. NAME OF MARRIAGE OR WIFE <u>unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY <u>495-05-0995</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis M. Hector, Mayfield Mo</u>
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <u>Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbid 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 type="checkbox"/> NO <input 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 Dec 10, 1950, to Dec 30, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Surridge</u> (Degree or title)	23b. ADDRESS <u>Mayfield Mo</u>	23c. DATE SIGNED <u>1/31-51</u>
24a. HOSPITAL, CREMATORY, REMOVAL (Specify)	24b. DATE <u>Jan 2-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>
24d. LOCATION (City, town, or county) (State) <u>Mayfield Mo</u>	24e. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Hume, Mayfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-7-52</u>	REGISTRAR'S SIGNATURE <u>Harold Hume</u>	ADDRESS <u>Mayfield Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

[Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *3960*

P. O. Address *Marshall, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.