DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELF Primary Registration District No. 6/3/ Registrar's No. 286 STATE FILE NUMBER Registration District No. DO NOT WRITE **AMENDED** 1. PLACE OF DEATH ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before Shannon Shannon a. COUNTY a. STATE **b.** COUNTY admission) VS 300 Mo. AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits OR TOWN Montier TOWN Yes □ No t⊓ c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET ADDRESS (If cutside, give location) Reside on Farm HOSPITAL OR INSTITUTION Yes 🔲 No💭 Yes 🛐 No 🗍 Home. 3. NAME OF DECEASED Middle Last 4. DATE Day Year First (Type or print) Mussell DEATH Benzamin. 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE 7. Married Never Married [] DATE OF BIRTH 5. SEX Months Days Hours Divorced [Widowed 🔲 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Mon# NAME OF HUSBAND OR WIFE <u>6</u> 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME <u> odema McClellen</u> Ben Wescott 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war or dates of service) Πo 20.1 뿚 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH **DOCUMEN** RECORD IMMEDIATE CAUSE (a) INSTEAD DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ĕ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was CATION disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Yes □ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES 🗍 NO 🗍 Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. p.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK **TYPEWRITER** READ and last saw him alive on. 21. I attended the deceased fro on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred a 22c. DATE SIGNED 22a, SIGNATURE (Degree or title) ö ΛIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE AFFIDA\ 23a. BURIAL, CREMATION, (State) Š REMOVAL (Specify) Montier Burial ITEM 24. FUNERAL DIRECTOR ADDRESS Mtn.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

i nereby	certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by me,
or by	<u> </u>	, Student Embalmer No
working under r	my personal supervision.	21100-
Student	Signature of Student Embalmer	Signed harley January
	•	Licensed Embalmer No. 5/07
١.		P. O. Address Myn. Meis mo

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.