

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17432**  
 Registrar's No. **43**

FILED MAY 26 1953

BIRTH NO.		REG. DIST. NO. <b>75</b>		PRIMARY REG. DIST. NO. <b>3015</b>		Registrar's No. <b>43</b>			
1. PLACE OF DEATH a. COUNTY <b>Clenton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>De Kalb</b>					
b. CITY OR TOWN <b>Cameron</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY OR TOWN <b>Rural - Grandriver</b>		<b>0320</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>6 mi. N West of Cameron</b>					
3. NAME OF DECEASED (Type or Print) <b>Benjamin Allison Venrick</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>May 14 - 53</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>June 10 - 1879</b>	
9. AGE (in years last birthday) <b>73</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <b>Farm</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David Venrick</b>			13b. MOTHER'S MAIDEN NAME <b>no record</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Owen Venrick Cameron</b>				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Valvular Heart Disease -</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary Perforis</b>							
		DUE TO (c) <b>Chronic Nephritis</b>							
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 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)		21d. HOW DID INJURY OCCUR?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. TIME OF INJURY (Month) (Day) (Year) (Hour)		21g. DATE OF DEATH		21h. NAME OF CEMETERY OR CREMATORY		21i. LOCATION (City, town, or county) (State)		21j. DATE SIGNED	
22. I hereby certify that I attended the deceased from <b>3-4</b> , 19 <b>50</b> , to <b>5-14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-14</b> , 19 <b>53</b> , and that death occurred at <b>8:45 a.m.</b> , from the causes and on the date stated above.		23a. SIGNATURE <b>J.D. Kimes M.D.</b>		23b. ADDRESS <b>Cameron, Mo.</b>		23c. DATE SIGNED <b>5-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-18-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osborn Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Osborn Mo</b>			
DATE REC'D BY LOCAL REG. <b>5-18-53</b>		REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Poland Funeral Home</b>		ADDRESS <b>Cameron</b>			

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

DEC 2 1965

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 .....  
Student Embalmer

Signed Robert J. Paland.

Licensed Embalmer No. 4777

P. O. Address Lawrence, 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 this body is not embalmed, fact should be so stated above.