

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15669**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **611**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower	
c. LENGTH OF STAY (In this place) 1 hr.		d. STREET ADDRESS (If rural, give location) of 50 251	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin			b. (Middle) Frank			c. (Last) Wren			4. DATE OF DEATH (Month) (Day) (Year) June 3 1956						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 3, 1888		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY farming				11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.				12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME James R. Wren			13b. MOTHER'S MAIDEN NAME Mary Parrish			14. NAME OF HUSBAND OR WIFE Maud Wren		
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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. 491-28-0552		17. INFORMANT'S SIGNATURE OR NAME Maud Wren		ADDRESS Gower, Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute myocardial infarction 6 hrs		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES DUE TO (b) Aortic stenosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 **June 3, 1956**, to **June 3, 1956**, that I last saw the deceased alive on **June 3, 1956**, and that death occurred at **4:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. C. Carter M.D.		23b. ADDRESS 902 Edmund St., City 6/6/56		23c. DATE SIGNED 6/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/5/1956		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	
		24d. LOCATION (City, town, or county) (State) Gower Mo.			

DATE REC'D BY LOCAL REG. June 8, 1956		REGISTRAR'S SIGNATURE Cather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE John H. Murray		ADDRESS Gower Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

