

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013549
State File No.

FILED MAY 14 1958

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 4099 Registrar's No. 62

0190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Pleasant Hill, Pleasant township MO Hill</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar mo</u>	
c. LENGTH OF STAY (in this place) <u>15 da</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shella's Home for aged</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>ASHTON</u> c. (Last) <u>ULLERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 - 1958</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>Oct 4 - 1874</u>	9. AGE (In years less birthday) <u>83</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Peculiar mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

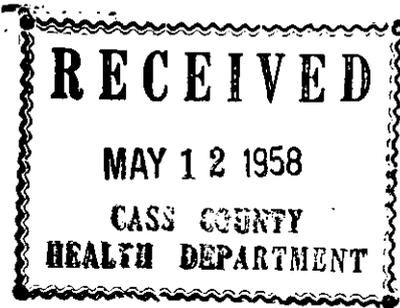
13a. FATHER'S NAME <u>Elias Ullery</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Byrne Belton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, prostate, with Metastases</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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) <u>177X</u>	
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 4-21-1958, to 5-5-1958, that I last saw the deceased alive on 4-25-1958, and that death occurred at 2:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas Cleveland MD</u>		23b. ADDRESS <u>Pleasant Hill Mo</u>		23c. DATE SIGNED <u>5-7-58</u>	
24a. BURIAL, CREMATION, etc. (Specify) <u>Funeral</u>		24b. DATE <u>5-7-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peculiar cemetery near Peculiar mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>		ADDRESS <u>Cleveland mo</u>	
DATE REC'D BY LOCAL REG. <u>May 9, 1958</u>		REGISTRAR'S SIGNATURE <u>Nora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>	



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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland, 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.