

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016529
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 89

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada 10820	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cherry & Main St. 25 yrs.		d. STREET ADDRESS (If outside, give location) 211 S. Ash	
3. NAME OF DECEASED First Middle Last Benjamin T Read			4. DATE OF DEATH Month Day Year April 15, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 20, 1894
9. AGE (In years last birthday) 64		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) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Cookie Sales.	11. BIRTHPLACE (City and state or country) Towanda, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Read	
13b. MOTHER'S MAIDEN NAME Lizzie Cory		14. NAME OF HUSBAND OR WIFE Mary Read	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-03-5853	17. INFORMANT Address Mary Read, Nevada, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Coronary Insufficiency DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH Sudden Death 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 2, 1947 to Apr. 15, 1959 and last saw ^{**} him alive on April 9, 1959 Death occurred at Nevada, Missouri 7:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. B. Wray, M. D.</i> (Degree or title)		22b. ADDRESS Moore Bldg., Nevada, Missouri	22c. DATE SIGNED 4-15-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-17-59	23c. NAME OF CEMETERY OR CREMATORY Newton	23d. LOCATION (City, town, or county) (State) Nevada, Mo.
24. FUNERAL DIRECTOR Richard L. Shorten		ADDRESS Nevada, Mo.	25. DATE RECD. BY LOCAL REG. 4-21-1959
26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be relevant. All diseases in Part I must be causally related.

KS MAY 3 1960

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
Signature of Student Embalmer

Signed *Raymond C. McLeod*

Licensed Embalmer No. 4853.....
P. O. Address Neodesha, 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.