

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 542

BIRTH NO. _____		REG. DIST. NO. 57		PRIMARY REG. DIST. NO. 4081		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bosworth</b>		c. LENGTH OF STAY (If in this place) <b>3 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bosworth Missouri</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Home Bosworth, Missouri.</b>				d. STREET ADDRESS (If rural, give location) <b>4d.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Wesley</b>		c. (Last) <b>Standley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 5th 1949</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 31, 1873</b>		9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>4</b> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Collinsville, Texas.</b>		12. CITIZEN OF WHAT COUNTRY? <b>America.</b>	
13a. FATHER'S NAME <b>James P. Standley</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Whitman</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Ethel Standley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>XX</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cora Ethel Standley Bosworth, Mo.</b>			
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 Myocarditis &amp; Myocardial Degeneration</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis 4 2 2</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>  <b>undetermined</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEICIDE (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) (m.)		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 <b>May 1918</b> , to <b>Jan 5, 1949</b> , that I last saw the deceased alive on <b>Jan 2, 1949</b> , and that death occurred at <b>10:15 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John H. Platz M.D.</b> (Degree or title)				23b. ADDRESS <b>Carrollton, Missouri</b>		23c. DATE SIGNED <b>1-6-49</b>	
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Jan 7, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Braden</b>		24d. LOCATION (City, town, or county) (State) <b>Tina, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Jan 8, 1949</b>		REGISTRAR'S SIGNATURE <b>Pearl Koch 470</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin, Tina, Mo.</b>			

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-26-49

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.

Signed.....  
Student Embalmer

Signed.....

*Clifford W. Austin*  
Licensed Embalmer No. 3233

P. O. Address Texas, Missouri

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.