

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15621**

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0.48
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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural N. Campbell Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural N. Campbell Twp.	
c. LENGTH OF STAY (If in institution) _____		d. STREET ADDRESS (If rural, give location) 1214 Brown Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1214 Brown St		e. FULL NAME OF HOSPITAL OR INSTITUTION _____	
3. NAME OF DECEASED (Type or Print) a. (First) Alvie b. (Middle) Ollie c. (Last) Staton		4. DATE OF DEATH (Month) May (Day) 11 (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1884
9. AGE (In years, last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Ramsey, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. Frank Staton		13b. MOTHER'S MAIDEN NAME Evelyn Bolte	
14. NAME OF HUSBAND OR WIFE Goldie Staton		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. None		17. INFORMANT'S SIGNATURE OR NAME Wm. Staton, Wichita, Kans.	
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>Arterio Sclerosis</u> 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. <u>Myocard Regeneration</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____ (Min.) _____		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 <u>4-10-1949</u> to <u>5-11-1949</u> , that I last saw the deceased alive on <u>5-11-1949</u> , and that death occurred at <u>12:35 p.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Kelly MD</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>5-12-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE May 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Ramsey, Bolt	
24d. LOCATION (City, town, or county) Ramsey (State) Ill		25. FUNERAL DIRECTOR'S SIGNATURE W.L. Dunn, Springfield, Mo.	
DATE REC'D BY LOCAL REG 5-14-49		REGISTRAR'S SIGNATURE W.L. Dunn	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *W. H. McCarroll*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2727.....

P. O. Address Springfield, 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.