

LED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27525

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5-836 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL NEOSHO		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 44	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2209 BIRD AVE 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #71 North 3			
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) ROLAND c. (Last) STANLEY			4. DATE OF DEATH (Month) (Day) (Year) AUG 6. 1949
5. SEX MALE	16. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 29, 1911
9. AGE (In years last birthday) 37	10. MONTHS 11	11. BIRTHPLACE (State or foreign country) CDAR County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK KEEPER	10b. KIND OF BUSINESS OR INDUSTRY PLUMBING		
13a. FATHER'S NAME FRANK STANLEY	13b. MOTHER'S MAIDEN NAME DAISY MAY WILSON	14. NAME OF HUSBAND OR WIFE LORENE STANLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) No NONE	16. SOCIAL SECURITY NO. 509-18-3659	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Daisy Stanley Joplin Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carotid Arteries were completely severed			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION severed	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #71	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho Newton Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 6, 1949 7 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Last Control of bar + Turned over	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased degn on Aug. 6, 1949 , and that death occurred at 7 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carley Thompson Coroner		23b. ADDRESS Neosho Mo.	
23c. DATE SIGNED 8/7/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-9-1949	24c. NAME OF CEMETERY OR CREMATORY LOOF	24d. LOCATION (City, town, or county) (State) NEOSHO NEWTON MO.
DATE REC'D BY LOCAL REG. Aug. 13, 1949	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Carley Thompson	ADDRESS Neosho Mo

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

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RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 849-137
Date Filed AUG 17 1949

FEB 8 1950

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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Wesko 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.