

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Hall 12645
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Hooker</u> c. (Last) <u>Standley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 14, 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Koshkonong, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph H Standley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah C. Sandridge</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Standley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Standley Koshkonong, 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>Generalized peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated peptic ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5401</u>	
19a. DATE OF OPERATION <u>4/13/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated peptic ulcer, gastric, anterior</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <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>_____</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 <u>4/13, 1950</u> , to <u>4/15, 1950</u> , that I last saw the deceased alive on <u>4/15, 1950</u> , and that death occurred at <u>6:25 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William Wood</u>		23b. ADDRESS <u>500 Holland Bldg.</u>	
23c. DATE SIGNED <u>4/15/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong</u>		24d. LOCATION (City, town, or county) (State) <u>Koshkonong, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-17-50</u>		REGISTRAR'S SIGNATURE <u>W. Standley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

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

1396
30

0750

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 Walter Hamill

Licensed Embalmer No. 3808

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.