

FILED MAR 3 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 3901

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph	
c. LENGTH OF STAY (in this place) 3 months 6 days		d. STREET ADDRESS (If rural, give location) 3220 Mesquite St City	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			

3. NAME OF DECEASED a. (First) Edward (Type or Print)		b. (Middle)		c. (Last) Stanturf		4. DATE OF DEATH (Month) (Day) (Year) 2 27 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-11-1872	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 2		IF UNDER 1 HR. Hours 16		IF UNDER 1 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired railroader		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME Aaron Stanturf		13b. MOTHER'S MAIDEN NAME Keniah Butcher Estella Stanturf		14. NAME OF HUSBAND OR WIFE Albert Stanturf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Not		17. INFORMANT'S SIGNATURE OR NAME Address Albert Stanturf 3220 Mesquite St	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Chronic		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		10 yrs	
		DUE TO (c) Psychotic		42.21	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3 months	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 2-26, 1951, to 2-27, 1951, that I last saw the deceased alive on 2-26, 1951, and that death occurred at 7:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) C. E. Carter, M.D.		23b. ADDRESS State Hospital #2, St. Joseph, Mo.		23c. DATE SIGNED 2-27-1951	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3-1-51		24c. NAME OF CEMETERY OR CREMATORY King Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Feb 28, 1951		REGISTRAR'S SIGNATURE Carl E. Carter		25. FUNERAL DIRECTOR'S SIGNATURE Eusebio Clark		ADDRESS 120 1/2 Ave.	

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*Eric J. Cherry*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4679*

P. O. Address. *St. Joseph, 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.