

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32763**

FILED NOV 15 1951

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 473

1. PLACE OF DEATH
 a. COUNTY **Butler**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff (rural)** c. LENGTH OF STAY (In this place) **1 week**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Route #4-7 mi. s.e. Hi. #53**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Dunklin**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kennett** **0352**
 d. STREET ADDRESS (If rural, give location) **602 So. Hopper Street**

3. NAME OF DECEASED a. (First) **William** b. (Middle) **Harry** c. (Last) **Stanley** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 31, 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **May 13, 1888** 9. AGE (In years last birthday) **63** UNDER 1 YEAR Months UNDER 1 YEAR Days UNDER 1 YEAR Hours MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming (retired)** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Thomas Stanley** 13b. MOTHER'S MAIDEN NAME **Molly Muse** 14. NAME OF HUSBAND OR WIFE **Belvia Wood, Stanley**

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. _____ 17. INFORMANT'S SIGNATURE OR NAME **Glen Stanley, 9143 Watt, Detroit, Mich** ADDRESS _____

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) **Carcinoma, Right Lung** INTERVAL BETWEEN ONSET AND DEATH **unknown**
 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO **163X**

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/16/, 1951, to 10/24/, 1951, that I last saw the deceased alive on 10/24/, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **A. W. M. Pheters, Jr. M.D.** (Degree or title) 23b. ADDRESS **Poplar Bluff, Missouri** 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 2, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Senath Cemetery** 24d. LOCATION (City, town, or county) (State) **Senath, Missouri**

DATE REC'D BY LOCAL REG. **Nov. 6 1951** REGISTRAR'S SIGNATURE **Wm. H. Johnson** 428 25. FUNERAL DIRECTOR'S SIGNATURE **Paul Salmon, Kennett, Missouri** ADDRESS _____

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

RECEIVED
NOV 14 1951

BUTLER CO. HEALTH CENTER

FILE No. 1151-503

DEC 12 1951

DEC 12 1951
DEC 11 1951

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 *J. Salmon*

Signed.....
Student Embalmer

Licensed Embalmer No. 255

P. O. Address *Kenilworth, 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.