

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33383

State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Fayette</u>	c. LENGTH OF STAY (If this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Everett</u> c. (Last) <u>Stanley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 3, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	9. AGE (In years last birthday) <u>81</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 100 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Stanley</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Taylor</u>	
14. NAME OF HUSBAND OR WIFE <u>Vernie Braden Stanley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or basis of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ora Priest</u> ADDRESS <u>Glasgow 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Infarcted, Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Arteriosclerosis</u> DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aneuria</u>	
19a. DATE OF OPERATION <u>10-18-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Aneurysm, base artery Rt</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glasgow Howard Mo</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 14, 1951</u> to <u>Oct 18, 1951</u> , that I last saw the deceased alive on <u>Oct. 18, 1951</u> , and that death occurred at <u>11:30m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm Bloom M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette Mo</u>	
23c. DATE SIGNED <u>10-22-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> DATE <u>Oct. 20, 1951</u>	
24a. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24b. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-22-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> 4368 FUNERAL DIRECTOR'S SIGNATURE <u>Cluddley-Hiemont</u> ADDRESS <u>Glasgow Mo</u>	

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

0451

RECEIVED OCT 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 24 1951

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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.

Signed.....
Student Embalmer

Signed *E. L. Siemont*
Student Embalmer No.

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.