

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34418-

State File No. ....

OCT 27 1952

BIRTH NO. .... REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 87

171  
#m

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wakenda Mo.</b>	
c. LENGTH OF STAY (in this place) <b>6hrs.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. Kwertt Smith's Office</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b> b. (Middle) <b>Bell</b> c. (Last) <b>Staton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-15-52</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 2 1887</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR: Months <b>13</b> Days <b>13</b> Hours <b>13</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>		11. BIRTHPLACE (State or foreign country) <b>Wakenda Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>George Hamblin</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine McCumber</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Staton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Staton Wakenda Missouri</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myeloid Leukemia of Neutrophils</b>		DUPLICATE OF (a) <b>Acute Myeloid Leukemia</b>		<b>Immediate</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<b>3 days</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Acute Myeloid Leukemia</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 <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) (Minute)		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 10-12, 1952, to 10-15, 1952; that I last saw the deceased alive on 10-15, 1952, and that death occurred at 5:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Conrad L. Smith M.D.</b>		23b. ADDRESS <b>1049 E. H. Carrollton, Mo.</b>		23c. DATE SIGNED <b>10-17-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-17-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Adkins Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Northeast of Wakenda Mo.</b>			

DATE REC'D BY LOCAL REG. <b>10/16/52</b>		REGISTRAR'S SIGNATURE <b>Mr. Herbert Calver</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marshall F. Home Carrollton Mo.</b>	
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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 \_\_\_\_\_

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. M. Newkirk Jr.

Licensed Embalmer No. 4469

P. O. Address Consett

**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.