.S. No. 300
EV. 10.48

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41823

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 95

0240
5

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Rural
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Iooft Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Hampton 0410
d. STREET ADDRESS (If rural, give location): RR 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): H
c. (Last): Stanton

4. DATE OF DEATH (Month) (Day) (Year): Dec 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 26, 1862
9. AGE (In years last birthday): 90 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Unk
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Morris Staton
13b. MOTHER'S MAIDEN NAME: Unk Blackman
14. NAME OF HUSBAND OR WIFE: Rachel Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Iooft Home Records — ADDRESS: Liberty Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

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: 331X
20. AUTOPSY? YES ☐ NO ☐

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) m.
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* ....., 19 44, *to* Dec 23, 1952, *that I last saw the deceased alive on* Dec 23, 1952, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Goodson MD
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 12/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Russ Cemetery
24d. LOCATION (City, town, or county) (State): Eaglesville, Missouri

DATE REC'D BY LOCAL REG.: Dec. 26. 1952
REGISTRAR'S SIGNATURE: Minnie Haynes 141
25. FUNERAL DIRECTOR'S SIGNATURE: Tyler-Pasley Funeral Home — ADDRESS: Liberty Mo

(Licensed Embalmer's Statement on Reverse Side)

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 John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.