

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6316**
1022

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 3930 SCARRIT	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3930 SCARRIT		e. STREET ADDRESS (If rural, give location) 3930 SCARRIT	

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) MAY c. (Last) STATON			4. DATE OF DEATH (Month) (Day) (Year) FEB. 14-1953		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July 19-1880		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Days -		11. UNDER 24 HRS. Hours -		12. UNDER 24 HRS. Mins. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) WARSAW MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME SIARD			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE BENJAMINE J. STATON					
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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 ADDRESS MILDRED GALLAGER 310 CLINTON PLACE							
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiac accident since 10 yrs. (b) Cerebral Hemorrhage DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH 1 hr. 44 yr.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 1 Oct, 1952, to 14 Feb, 1953 that I last saw the deceased alive on 5 Dec, 1952, and that death occurred at 9:00 AM, from the causes and on the date stated above.

23a. SIGNATURE Fred H. Lundgren Jr. (Degree or title)				23b. ADDRESS MD 315 Melita Rd.				23c. DATE SIGNED			
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-17-1953		24c. NAME OF CEMETERY OR CREMATORY Forest Home		24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.					
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DATE REC'D BY LOCAL REG. 2-17-53		REGISTRAR'S SIGNATURE Sheraldine Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman Son Inc					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

H.P. Men

And Judgment
Please Med Body

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.