

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7997**

FILED MAR. 23 1954

BIRTH NO. _____		REG. DIST. NO. <b>55</b>		PRIMARY REG. DIST. NO. <b>5790</b>		Registrar's No. <b>154</b>	
1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY OR TOWN <b>Rural</b>		c. CITY OR TOWN <b>Rural</b>		c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mi. W. of Carrollton</b>				e. STREET ADDRESS (If rural, give location) <b>1 mi W. of Carrollton</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARY</b>		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>STATON</b>	
4. DATE OF DEATH		a. (Month) <b>March</b>		b. (Day) <b>11</b>		c. (Year) <b>1954</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept 28 1870</b>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Carroll Co. Mo.</b>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>C.W. Staton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Neet</b>	
14. NAME OF HUSBAND OR WIFE		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>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>H. Drew Staton</b> ADDRESS <b>Carrollton Mo.</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia (lobar)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>			
ANTECEDENT CAUSES				DUE TO (b) <b>Cancer of right Breast</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.				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 checked="" type="checkbox"/>		170 X	
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 <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 <b>3-6-</b> 19 <b>54</b> , to <b>3-11-</b> 19 <b>54</b> , that I last saw the deceased alive on <b>3-10-</b> 19 <b>54</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ernest H. Smith M.D.</b>				23b. ADDRESS <b>1524 9th St. Carrollton, Mo.</b>		23c. DATE SIGNED <b>3-12-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-13-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Adkins Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Carroll Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-13-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Herbert Calvert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley K. Kiser</b>		ADDRESS <b>Carrollton Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carroll*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.