

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35865

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>SOYS</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>FITCHISON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - TEMPLETON-TWSP</u>		c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
a. STATE <u>MISSOURI</u>		b. COUNTY <u>FITCHISON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WATSON</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>CARROLL</u>		b. (Middle) <u>RUEUS</u>		c. (Last) <u>STANTON</u>		12 - 8 - 1955	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-16-1925</u>	
9. AGE (In years last birthday) <u>30</u>		10. MONTHS <u>3</u>		11. DAYS <u>17</u>		12. HOURS <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (State or foreign country) <u>FITCHISON Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Wm R. STANTON</u>		13b. MOTHER'S MAIDEN NAME <u>LETA BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Stanton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>507-20-1968</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Betty Stanton</u>		ADDRESS <u>Watson mo</u>	
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) <u>DROWNING</u>		II. OTHER SIGNIFICANT CONDITIONS <u>9298</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Shock</u>					
		DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MO. RIVER AT N. SHINA &amp; TWA</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Templeton</u> (COUNTY) <u>Atchison</u> (STATE) <u>MO</u>			
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? <u>42</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. D. Hallen</u>		23b. ADDRESS <u>Rock Point Mo.</u>		23c. DATE SIGNED <u>12-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGH CREEK CEM</u>		24d. LOCATION (City, town, or county) (State) <u>WATSON MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Marvin H. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mastney</u>		ADDRESS <u>Rock Pt.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 23 1955

DEC 29 1955

NOV 14 1955

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 Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Pt. m

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.