

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4235**

BIRTH NO. _____		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 4158		Registrar's No. 132	
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas			
b. CITY (If outside corporate limits, write RURAL and give township) Buffalo		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Buffalo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST MAIN STREET				e. STREET ADDRESS (If rural, give location) EAST MAIN STREET			
3. NAME OF DECEASED (Type or Print) SARAH Elizabeth Stanley		a. (First)		b. (Middle)		c. (Last)	
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH MAY 29, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own House		9. AGE (In years last birthday) 82		11. BIRTHPLACE (City and State or Foreign Country) Dallas County Mo.	
13a. FATHER'S NAME Press Owens		13b. MOTHER'S MAIDEN NAME ELIZA RAINS		14. NAME OF HUSBAND OR WIFE Henry Stanley		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS Elmer Stanley Wichita, Kan.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia + uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + hypertension 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 10 yrs	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 1950 , to Oct 1955 , that I last saw the deceased alive on Oct 1955 , and that death occurred at 7:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE D. Bruffin MD (Degree or title)				23b. ADDRESS Buffalo Mo		23c. DATE SIGNED 20 Feb 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-21-56		24c. NAME OF CEMETERY OR CREMATORY Macedonia		24d. LOCATION (City, town, or county) (State) So. of Buffalo, Mo.	
DATE REC'D BY LOCAL REG. 2-21-56		REGISTRAR'S SIGNATURE Grace Patrick		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones		ADDRESS Buffalo, Mo.	

(Licensed Embalmer's Statement on Reverse Side) 159 gene Hunter

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

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..... *Gene B. Hunter*

Licensed Embalmer No. *4735*

P. O. Address *Buffalo, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.