

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14053**

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri b. COUNTY Miller	
b. CITY OR TOWN Eldon		c. CITY OR TOWN Eldon	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Rt. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Maple St.			

3. NAME OF DECEASED (Type or Print) a. (First) ROMA b. (Middle) ISABELLA c. (Last) STANTON			4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ruben Ballenger		13b. MOTHER'S MAIDEN NAME Alice Wallace		14. NAME OF HUSBAND OR WIFE George Stanton	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lon Stanton Lake Ozark, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH Instant	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive heart disease DUE TO (c) arteriosclerosis				
		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"/>	
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) 4201	
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 Oct, 1955, to 17 April, 1956, that I last saw the deceased alive on 17 April, 1956, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl J. Brubaker, M.D.		23b. ADDRESS Eldon, Mo.		23c. DATE SIGNED 4-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-1956		24c. NAME OF CEMETERY OR CREMATORY Lebanon	
		24d. LOCATION (City, town, or county) (State) Lebanon, Mo.			

DATE REC'D BY LOCAL REG. Apr. 19, 1956		REGISTRAR'S SIGNATURE Calveretta Walt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis W. Phillips, Eldon	
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(Licensed Embalmer's Stamp on Reverse Side)

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

920

RECEIVED

APR 28 REC'D

MILLEN COUNTY
DEPARTMENT

OCT 23 1958

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 *Louis D. Phillips*

Licensed Embalmer No. *360*

P. O. Address *ced*

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.