

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1956

State File No. **25878**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>268</b>
1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ALABAMA</b> b. COUNTY <b>Autauga</b>		
b. CITY OR TOWN <b>KIRKSVILLE, MO</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Deatsville</b>	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 <b>KIRKSVILLE OSTEOPATHIC HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>8010 S</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b> b. (Middle) _____ c. (Last) <b>STANFORD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 31 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 2, 1917</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN, D.O.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OSTEO PATHIC MEDICINE</b>	9. AGE (In years last birthday) <b>39</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Cherokee TOWNA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13a. FATHER'S NAME <b>?</b>		13b. MOTHER'S MAIDEN NAME <b>?</b>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lola Mae Stanford</b> ADDRESS <b>Deatsville Ala</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>fracture &amp; Dilatation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abdominal Carcinomatosis</b> DUE TO (c) <b>Probable Carcinoma of Sigmoid</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>3 M + 14 D</b> <b>UNK</b>
19a. DATE OF OPERATION <b>8-25-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Abdominal Carcinomatosis</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>S</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>153X</b>		
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>8-15, 1956</b> , to <b>Aug 31, 1956</b> , that I last saw the deceased alive on <b>Aug 31, 1956</b> , and that death occurred at <b>1:25pm.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Robert L. Willard D.O.</b> (Degree or title)		23b. ADDRESS <b>805 W. JEFFERS</b> <b>KIRKSVILLE, MISSOURI</b>		23c. DATE SIGNED <b>8-31-56</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Reburied</b>	24b. DATE <b>8-31-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>State Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>Kirksville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-31-56</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. GENERAL PRACTICER'S SIGNATURE <b>Paul G. Jones</b> ADDRESS <b>Kirksville, Mo.</b>		

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 *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kingsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.