

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **50**

No. 300  
10.48

**FILED JAN 14 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 10

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Adair</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>	c. LENGTH OF STAY (in this place) <b>55 Days</b>	c. CITY OR TOWN <b>Kirksville</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Anna- Still Mem. Home</b>		STREET ADDRESS (If rural, give location) <b>405 W. Burton</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Grace</b>	b. (Middle) <b>May</b>	c. (Last) <b>Stanley</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 6, 1957</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 9, 1894</b>	<b>9. AGE</b> (In years) (Last birthday) <b>62</b>	<b>IF UNDER 1 YEAR</b> (Months) (Days) (Hours) (Min.)	<b>IF UNDER 2 HRS.</b> (Hours) (Min.)
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Sullivan Co. Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S</b>
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<b>13a. FATHER'S NAME</b> <b>William H. Hutchison</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Linville</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Richard Stanley</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Yes # ?</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ival Love, Webb City, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Transition</b>		<b>3 weeks</b>
	<b>ANCEDECENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Metastatic Carcinoma</b> DUE TO (b) <b>Carcinoma of breast</b> DUE TO (c) <b>remained</b>		<b>2 years</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>12 years</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>170X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 1954, 19  , to July 6, 1957, that I last saw the deceased alive on Jan 6, 1957, and that death occurred at 5P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>	<b>23b. ADDRESS</b> <i>[Address]</i>	<b>23c. DATE SIGNED</b> <b>1-8-57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Jan. 10, 1957</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Carmel</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Adair, Co. Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-9-57</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <b>Kirksville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

4125084

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FEB  
8 1957

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 *Novel E. Foster*

Licensed Embalmer No. 4742

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