

MAILED APR 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18865

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4488 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morley</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>(N.M.N.)</u> c. (Last) <u>STANLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 29, 1886</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	11. UNDER 1 MRS. Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Morley, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lindsey Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Davis</u>	14. NAME OF HUSBAND OR WIFE <u>John Stanley</u>
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15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lillian Stanley</u>	ADDRESS <u>Morley, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES (Found dead in bed). Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4222</u>
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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? _____
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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 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thelma C. Beech Thorpe, M.D. Health Officer</u>	23b. ADDRESS <u>Benton, Mo</u>	23c. DATE SIGNED <u>4-16-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/14/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Morley Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Morley, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-17-57</u>	REGISTRAR'S SIGNATURE <u>Mar. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carlisle Hoffmann</u>	ADDRESS <u>Lebanon, Mo</u>
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(Licensed Embellisher's Statement on Reverse Side)

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

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DATE RECEIVED APR 22 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 457-83

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 Olivia Carmel

Licensed Embalmer No. 4470

P. O. Address Illmo, 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 this body is not embalmed, fact should be so stated above.