

STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

Stat. File No. 57017834

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <i>McC Donald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>McC Donald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pineville</i>		c. LENGTH OF STAY (In this place) <i>6 weeks</i>	c. CITY OR TOWN <i>Anderson</i>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>2600 0</i>	

3. NAME OF DECEASED (Type or Print) <i>FANNIE FRANCES STALEY</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>5-30-1957</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>9-8-1875</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>22</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Indian Springs Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Thomas Heuson</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Curtis</i>	14. NAME OF HUSBAND OR WIFE <i>Gen P Staley</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>V</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Beula Niel</i> ADDRESS <i>Pineville Mo.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decompensation</i>		<i>1 week</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis!</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hemiplegia</i>			<i>1 month</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>334x</i>	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 *5-1*, 19*57*, to *5-30*, 19*57*, that I last saw the deceased alive on *5-20*, 19*57*, and that death occurred at *3:30* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. Blankenship M.D.</i> (Degree or title)	23b. ADDRESS <i>Anderson Mo.</i>	23c. DATE SIGNED <i>6-1-57</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-2-1957</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anderson Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Anderson, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6-8-57</i>	REGISTRAR'S SIGNATURE <i>Mayme Humphrey</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Humphrey &amp; Cleatham</i> ADDRESS <i>Anderson, Mo.</i>
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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 *Mayme E. Humphreys*

Licensed Embalmer No. *4362*

P. O. Address *Passaic*

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.