

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

157 021989
STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 4369 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN Seneca		c. CITY OR TOWN Seneca	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 0700	
3. NAME OF DECEASED (Type or print) First Eli Middle J. Last Standlee		4. DATE OF DEATH Month June Day 23 Year 1957	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter & painter		11. BIRTHPLACE (City and state or country) Berryville, Ark.	
13a. FATHER'S NAME Joseph Standlee		14. NAME OF HUSBAND OR WIFE Alta	
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	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Hypertension DUE TO (c) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20f. CITY, TOWN, OR LOCATION Seneca, Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at May 30 1957 3:00 a.m.		I last saw him alive on June 11, 1957	
22a. SIGNATURE (Degree or title) M.D. Mendenhall		22b. ADDRESS Seneca Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	
23b. DATE 6-26-1957		23d. LOCATION (City, town, or county) (State) Seneca, Missouri	
24. FUNERAL DIRECTOR W.E. Biddlecom		25. DATE RECD. BY LOCAL REG. 6-29-57	
26. REGISTRAR'S SIGNATURE Mrs. Irene Russell			

RECEIVED

District Health Officer No. Newton
District File Number 757-146
Date Filed JUL 2 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 W E Pedersen

Licensed Embalmer No. 2174

P. O. Address Sumner

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.