

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013524
State File No.

FILED APR 28 1958

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 34

0171

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Carrollton		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Carrollton
d. FULL NAME OF HOSPITAL OR INSTITUTION Staton Clinic, & Hospital		e. STREET ADDRESS (If rural, give location) 215 South Main Street.	
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Olivia c. (Last) Staton		4. DATE OF DEATH (Month) (Day) (Year) 4-9-58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 8, 1907
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Little Rock Arkansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Townes Lewis	
13b. MOTHER'S MAIDEN NAME Edith May Southall		14. NAME OF HUSBAND OR WIFE Dr. R. Hamilton Staton.	
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	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ruth Hawkins (Carrollton Mo.)
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis and Insufficiency 7 mos. DUE TO (c) Generalized Degenerative Arteriosclerosis 10 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Circulatory Failure 2 mos.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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)	
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 Oct. 15, 1957 to Apr. 9, 1958 , that I last saw the deceased alive on April 6, 1958 , and that death occurred at 11:20 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Graham Asher M.D.		23b. ADDRESS 220 Professional Bldg. Kansas City 6-mo.	23c. DATE SIGNED 4-18-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-13-58	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton Missouri.
DATE REC'D BY LOCAL REG. 4/25/58	REGISTRAR'S SIGNATURE Mrs. Verber C. C. C.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall F. Home (Carrollton Mo.)	

MAY 27 1958

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 *R. M. Marshall*

Licensed Embalmer No. *2525*

P. Q. Address *Carrollton*

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.