

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029598

STATE FILE NUMBER

FILED SEP 11 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 340

5. 300

1-57

0581  
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                              |   |   |
|--|------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Marceline</u>  |                              | c. CITY OR TOWN <u>Marceline</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>  |                              | d. STREET ADDRESS (If outside, give location) <u>RFD</u>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Clarence Erwin Stanley</u>  |                              | 4. DATE OF DEATH<br>Month Day Year<br><u>8/20/58</u>  |   |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11/25/1896</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Merchant</u>   |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grocery</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Rothville, Mo</u>                                |
| 13a. FATHER'S NAME<br><u>Coleman Stanley</u>   |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Zerilda Redding</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Emma Stanley</u>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No</u>   |                              | 16. SOCIAL SECURITY NO.<br><u>500-36-0598</u>   | 17. INFORMANT<br>Address<br><u>Tommy Stanley Marceline, Mo.</u>                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Prostate</u>  |                              |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                              |   | <u>177X</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                              |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                              |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                              | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |
| 21. I attended the deceased from <u>Jan 1957</u> to <u>Aug 6, 1958</u> and last saw <sup>her</sup> him alive on <u>8-20-58</u><br>Death occurred at <u>8:45</u> A m on the date stated above; and to the best of my knowledge, from the causes stated. |                              |   |   |
| 22a. SIGNATURE<br><u>George Jones</u> (Degree or title) <u>0</u>   |                              | 22b. ADDRESS<br><u>Marceline Missouri</u>   | 22c. DATE SIGNED<br><u>8-23-58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>B</u>  | 23b. DATE<br><u>8/22/58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Rothville Cem.</u>   | 23d. LOCATION (City, town, or country) (State)<br><u>Rothville, Mo.</u>                           |
| 24. FUNERAL DIRECTOR<br><u>James McLaughlin Marceline, Mo.</u>   |                              | 25. DATE RECD. BY LOCAL REG.<br><u>8-22-58-</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Brookie Owens</u>   |

SEP 11 1958

FEB 24 1959

SEP 12 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 *James B. McClard* .....

Licensed Embalmer No. *4230* .....

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