

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036955
STATE FILE NUMBER

FILED OCT 16 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 139

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lebanon</u> <u>0532</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>		d. STREET ADDRESS <u>785 S. Adams</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Myrtle C. Stanton</u>		4. DATE OF DEATH Month Day Year <u>Oct. 2, 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 22 1880</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9c. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	10c. BIRTHPLACE (City and state or country) <u>Van Buren County, Iowa</u>
11. BIRTHPLACE (City and state or country) <u>Van Buren County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel J. Marriott</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Shester</u>	
14. NAME OF HUSBAND OR WIFE <u>J. D. Stanton</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>497-22-4182</u>		17. INFORMANT <u>Mrs. C. A. McDonald</u> Address <u>Cowden, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>massive left</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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.	
20d. INJURY OCCURRED WHILE AT <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Aug 1948</u> to <u>2 Oct 58</u> and last saw her alive on <u>2 Oct 58</u> Death occurred at <u>7:10</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paula Jenkins</u> (Degree or title)		22b. ADDRESS <u>Lebanon, Mo</u>	
22c. DATE SIGNED <u>3 Oct 58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>10/6/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National cemetery</u>	
23d. LOCATION (City, town, or county) <u>Springfield, Mo.</u> (State)		24. FUNERAL DIRECTOR <u>J B Palmer</u> ADDRESS <u>Lebanon, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>10-3-1958</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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Received OCT 14 1958

Laclede County Health Unit

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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 Stanley R. Pahr

Licensed Embalmer No. 4813
P. O. Address Lebanon

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.