

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039740

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 105

300
1-57.

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Franklin, 0450	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital	Length of stay in lb 3 wks	d. STREET ADDRESS (If outside, give location) Gen. Del.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CARL Middle NORBERT Last STANFIELD			4. DATE OF DEATH Month Nov. Day 13, Year 1958		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1910	9. AGE (In years and birth day) 48	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Taxi Co.	11. BIRTHPLACE (City and state or country) Boonville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Arthur Stanfield		13b. MOTHER'S MAIDEN NAME Agnes Nold		14. NAME OF HUSBAND OR WIFE Margaret Birge	

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. 388-05-9526	17. INFORMANT Homer Stanfield Address Boonville, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver			INTERVAL BETWEEN ONSET AND DEATH 3 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chn. Alcoholism			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 5811			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. _____			

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 Fayette	COUNTY MO	STATE MO
21. I attended the deceased from 10-25-58 to 11-13-58 and last saw her alive on 11-13-58 Death occurred at 9 am on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. Bloom M.D. (Degree or title)		22b. ADDRESS Fayette MO		22c. DATE SIGNED 11-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 15/58	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.	23d. LOCATION (City, town, or county) (State) Boonville, Missouri
24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 11-15-58	26. REGISTRAR'S SIGNATURE Mary L. Shell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Embalmer, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

DEC 23 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 *Berry W. Tucker*

Licensed Embalmer No. *3944*

P. O. Address. *Boonville*

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.