

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047320

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 141

FILED JAN 3 1964

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		c. CITY OR TOWN Carrollton	
Length of stay in 1b life		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 S. Main		d. STREET ADDRESS (If outside, give location) 215 S. Main	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last VALERY SANDERS STATON			4. DATE OF DEATH Month Day Year Dec. 21, 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/26/1874	9. AGE (last birthday) 89	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Louisville, Kentucky	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Killis W. Sanders		13b. MOTHER'S MAIDEN NAME Martha Workman	
14. NAME OF HUSBAND OR WIFE Charles Samuel 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.	
17. INFORMANT Dr. R. H. Staton, Carrollton, Mo.		17. INFORMANT Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 15 1/2
IMMEDIATE CAUSE (a) Cerebral Hemorrhage			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			to
DUE TO (b)			Dec 21/63
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from May 15, 1963 to Dec. 21, 1963 and last saw her alive on Dec. 21, 1963.
Death occurred at 8:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *R. Hamilton Staton, M.D.* 22b. ADDRESS **Carrollton, Missouri** 22c. DATE SIGNED **12/22/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12/24/1963** 23c. NAME OF CEMETERY OR CREMATORY **Big Adkins Cemetery** 23d. LOCATION (City, town, or county) **S. E. of Carrollton, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Marshall Mortuary Carrollton, Mo.** 25. DATE RECD. BY LOCAL REG. **Dec 24-63** 26. REGISTRAR'S SIGNATURE *Mary Dean*

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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20171

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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. O. Address Carrollton 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.