

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2393

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 Years
years, months or days

8. (a) PRINT FULL NAME Blaine Michael Stanley

3. (b) If veteran, name war None 3. (c) Social Security No. 524-01-5887

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Stanley 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 7 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>25</u>	hr. _____ min.

9. Birthplace Gladbrook Towa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Joseph Stanley

18. Birthplace Unknown South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Adaline Stanley

15. Birthplace Unknown South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Stanley

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof Jan. 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Missouri

18. (a) Signature of funeral director Hope Turney, T. Dist. C. 227

(b) Address Gallatin, Missouri

19. (a) Jan. -4-1941 (b) N. O. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1941 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug. 8
1940 to Jan 2 1941
that I last saw him alive on Jan 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Apoplexy 3 days

Due to Arteriosclerosis 2 yrs.

Due to Hypertension 1937

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Floyd E. Nelson (M. D. or other) 2

Address Gallatin, Mo Date signed 1-3-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

....., Registered Apprentice No.
working under my personal supervision.

Signed

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Fall River, Ma

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 this body is not embalmed, above space should be left blank.