

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11476

State File No.

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5113 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Township</u>	
c. LENGTH OF STAY (In this place) <u>8 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>20 mi. E. of Fredericktown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 mi. E. of Fredericktown</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Stanfill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>April 26, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Knoxville, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adam Farmer</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>William G. Stanfill (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Pulliam</u>	ADDRESS <u>Fredericktown, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr 15th, 1949, to Apr 15th, 1949, that I last saw the deceased alive on Apr 15th, 1949, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. Crites</u>	(Degree or title)	23b. ADDRESS <u>Mo. Sedgewickville Mo.</u>	23c. DATE SIGNED <u>4/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mine la Motte Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>mine la Motte, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 27 1949</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u>	ADDRESS <u>Fredericktown, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

900

RECEIVED

District Health Officer No. 4

District File Number 249-58

Date Filed 5-7-49

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.

Signed _____
Student Embalmer

Signed L. Taylor Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Md

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, fact should be so stated above.