

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27222

State File No. _____
Registrar's No. 3127 142

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 9930X 3127

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | |
| c. LENGTH OF STAY (in this place) ? | | d. STREET ADDRESS (If rural, give location) 312 E. 9th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital | | | |

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|--|------------|--------------------|-------------------|---|
| 3. NAME OF DECEASED (Type or Print) Howard | a. (First) | b. (Middle) Truman | c. (Last) Stanley | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1949 |
|--|------------|--------------------|-------------------|---|

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|-------------|------------------------|--|--------------------------------|------------------------------------|--------------|-------------|---------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 25, 1906 | 9. AGE (In years last birthday) 43 | 10. MONTHS 5 | 11. DAYS 20 | 12. IF UNDER 1 YEAR | 13. IF UNDER 1 HR. 20 |
|-------------|------------------------|--|--------------------------------|------------------------------------|--------------|-------------|---------------------|-----------------------|

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|--|---|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver | 10b. KIND OF BUSINESS OR INDUSTRY Taxicab | 11. BIRTHPLACE (State or foreign country) Galena, Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Edward Stanley | 13b. MOTHER'S MAIDEN NAME Bennett Hoskins | 14. NAME OF HUSBAND OR WIFE Vera Stanley |
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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) Unknown | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Address Vera Stanley, 312 E. 9th, Joplin Mo. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of Heart | | INTERVAL BETWEEN ONSET AND DEATH 8-14-49 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Atherosclerosis | | |
| | DUE TO (c) Pulmonary Embolism | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Pulmonary Embolism | | | 022X Unknown Disease |

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| 19a. DATE OF OPERATION 8-13-49 | 19b. MAJOR FINDINGS OF OPERATION Circumferential abdominal aortic aneurysm through | 20. AUTOPSY? YES <input checked="" 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from July 7, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED 8-15-49 |
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|--|---------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-17-1949 | 24c. NAME OF CEMETERY OR CREMATORY Oakwood | 24d. LOCATION (City, town, or county) (State) McElhane, Missouri |
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| DATE REC'D BY LOCAL REG. AUG. 17, 1949 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin M |
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RECEIVED 8-22-49

Jasper County Health Office

County File Number 49-8-627

Date Filed 8-23-49

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 F. M. Jones

Licensed Embalmer No. 2319

Signed _____
Student Embalmer

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.