

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1950

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 304 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staton Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDR</u> b. (Middle) <u>MAY</u> c. (Last) <u>STATON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1950</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 22, 1873</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Wm. R. Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jolley</u>	
13c. NAME OF HUSBAND OR WIFE <u>J. W. Staton</u>			
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herman Mills, Wakeuda Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line (or (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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson's Disease</u>			<u>5 years</u>
DUE TO (c) <u>Neuritic degeneration, senile, arteriosclerosis</u>			<u>3.50X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Carrollton Mo</u>	
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 _____, 18 <u>72</u> , to <u>May, 1950</u> that I last saw the deceased alive on <u>Jan 28, 1950</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Eugene S. Ballou, D</u>		23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>5-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>
DATE REC'D BY LOCAL REG. <u>5/19/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Sherman Mills</u>	45	25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley &amp; Gibson</u> ADDRESS <u>Carrollton Mo</u>

**RECEIVED**  
District Health Officer No. 8.  
MAY 27  
District File Number \_\_\_\_\_  
Date Filed 5/31/50

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ben W. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

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.