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

0407 FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26658

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GRUNDY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON 0402
d. STREET ADDRESS (If rural, give location): 720 E 22ND STREET

3. NAME OF DECEASED (Type or Print)
a. (First): GEO.
b. (Middle): FRANKLIN
c. (Last): STANTURF

4. DATE OF DEATH (Month): 7 (Day): 31 (Year): 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov-5-1904
9. AGE (In years last birthday): 46 IF UNDER 1 YEAR Months: 9 Days: 26 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TRENTON, MO.
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: GEO M. STANTURF
13b. MOTHER'S MAIDEN NAME: EVA DELL McCLURE
14. NAME OF HUSBAND OR WIFE: Cleo Hurelson Stanturf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 325-10-0340
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) Trenton (COUNTY) Grundy (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to July 31st, 1950, that I last saw the deceased alive on July 31st 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Clem F. Duffy M.D. (Degree or title)
23b. ADDRESS: Trenton Mo.
23c. DATE SIGNED: August 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellow Cemetery
24d. LOCATION (City, town, or county) (State): Trenton Mo.

DATE REC'D BY LOCAL REG.: Aug. 2, 1950
REGISTRAR'S SIGNATURE: Irene Jair 115
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Charles D. Bryson Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 29

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 Charles D. Ryason

Signed _____
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.