

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34350

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia 0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 E. 3rd</u>		d. STREET ADDRESS (If rural, give location) <u>904 E. Third</u>	

3. NAME OF DECEASED a. (First) <u>Julia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Stansbery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19, 1950</u>		
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>March 30, 1861</u>		9. AGE (In years last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co. Missouri</u>	
13a. FATHER'S NAME <u>Hiram Franklin</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Smith</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Stansbery</u>	
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.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chronic Bronchitis</u>		10 yrs.	
DUE TO (c) _____		501X	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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? _____	

22. I hereby certify that I attended the deceased from 10/17, 1950, to 10/19, 1950, that I last saw the deceased alive on 10/19, 1950, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Goldstein</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>315 Eisenfritz Bldg. Sedalia Mo.</u>		23c. DATE SIGNED <u>10/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 21, 1950</u>		24c. NAME OF CEMETERY OR CREMAZORY <u>Crown Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Missouri</u>					

DATE REC'D BY LOCAL REG. <u>10-21-50</u>		REGISTRAR'S SIGNATURE <u>H. L. Goldstein</u>		FUNDAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bro - Sedalia</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

804

RECEIVED ¹⁰⁻²³⁻⁵⁰

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-23-50

RECEIVED
DISTRICT HEALTH OFFICE
NO. 3

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.

Student _____
Student Embalmer

Signed KPM Cary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.