

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37893

State File No.

Registrar's No. 252

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 304		Registrar's No. 252	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural. (Templeton Twsp)</u> <u>0030</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Stanford</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>8</u>		(Year) <u>50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/7/1872</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min. <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Atchison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
13a. FATHER'S NAME <u>Jasper Stanford.</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Brazeale</u>		14. NAME OF HUSBAND OR WIFE <u>X</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 ADDRESS <u>John Stanford Jr., Rockport, Mo.,</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>urinary retention</u> DUE TO (c) <u>hypertrophy of prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>3 mos</u> <u>1 yr</u>	
19a. DATE OF OPERATION <u>none</u>		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) <u>Nov 8 1950 7pm</u>		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 <u>Oct 20, 1950</u> , to <u>Nov 8, 1950</u> , that I last saw the deceased alive on <u>Nov 8, 1950</u> and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. B. Little M.D.</u>				23b. ADDRESS <u>Rockport, Mo.</u>		23c. DATE SIGNED <u>11-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/11/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rockport, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-18-50</u>		REGISTRAR'S SIGNATURE <u>Kess Bolt 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARTHOLOMEW MORTUARY, ROCKPORT, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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 Grady Burchett _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3173 _____

P. O. Address Rockport, 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.