

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43596
State File No. 5408

FILED JAN 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 25 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION 8024 Bellefontaine

d. STREET ADDRESS (If rural, give location) 8024 Bellefontaine

3. NAME OF DECEASED
a. (First) Fannie b. (Middle) Bell c. (Last) Stanley

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 22, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 7, 1886

9. AGE (In years last birthday) 64
UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Anderson Co. Texas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tom McCullough

13b. MOTHER'S MAIDEN NAME Lula Watts

14. NAME OF HUSBAND OR WIFE Ben Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John R. McCullough, Haileyville, Okla.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral sclerosis
DUE TO (c) Diabetes mellitus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 week
years
years
260X

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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 Aug, 1950, to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 5:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE Esther Winkelman (Degree or title) M.D.

23b. ADDRESS 7449 Broadway Kc. Mo.

23c. DATE SIGNED 12-23 50

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/24/50

24c. NAME OF CEMETERY OR CREMATORY Belton

24d. LOCATION (City, town, or county) (State) Belton, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Seraldine Holmes

25. EMBLEMA OF DIRECTOR'S SIGNATURE ADDRESS E. R. George, Belton, Mo.

WRITE PLAINLY—USING UNFAADING 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

.....
working under my personal supervision.

Student Embalmer No.

Signed

A. K. George

Signed.....
Student Embalmer

Licensed Embalmer No. *3645*

P. O. Address *Grandview 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.