

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3609

State File No.

FILED JAN 29 1951 BIRTH NO. REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 219 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Drywood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1080</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS <u>(if usual, give township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>GLENN</u> c. (Last) <u>STANDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 2, 1892</u>	9. AGE (In years last birthday) <u>58</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(check)</u>		11. BIRTHPLACE (State or foreign country) <u>Carrollton, Mo.</u>	
13a. FATHER'S NAME <u>J. H. Standley</u>		13b. MOTHER'S MAIDEN NAME <u>Edith A.</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, specify branch or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vern Standley, Eureka Springs, Ark</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic aneurysm ruptured</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis acquired 25y</u> DUE TO (c) <u>agr</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>022X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Lamar Barton 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 January, 1949, to Jan 5, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>DR. Guldiner M.D.</u>		23b. ADDRESS <u>LAMAR Mo</u>		23c. DATE SIGNED <u>Jan 13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 11 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	
24d. LOCATION (City, town, or county) (State) <u>Sheldon Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Verne Beemy</u>		25. ADDRESS <u>Sheldon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 18-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>		25. ADDRESS <u>Sheldon Mo.</u>	

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

300
48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 23 1951

Dist. File 151-203

Date Filed 1-23-1951

MAR 29 1951

1951 FEB 28 1951

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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Sheldon 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.