

# STANDARD CERTIFICATE OF DEATH

040

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 34

1. PLACE OF DEATH  
 a. COUNTY Stone  
 b. CITY OR TOWN Rural (If outside corporate limits, write RURAL and give township)  
 c. LENGTH OF STAY (in this place) 47  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Ruth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Stone  
 c. CITY OR TOWN Rural (If outside corporate limits, write RURAL and give township)  
 d. STREET ADDRESS Malena mo. A-3 (If rural, give location)

3. NAME OF DECEASED  
 a. (First) William b. (Middle) B. c. (Last) Standish  
 4. DATE OF DEATH (Month) (Day) (Year)  
July 15 51

5. SEX m 6. COLOR OR RACE w-h 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
 8. DATE OF BIRTH Mar. 22-1878 9. AGE (In years) (Months) (Days) (Hours) (Mins.)  
73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming  
 10b. KIND OF BUSINESS OR INDUSTRY Crop  
 11. BIRTHPLACE (State or foreign country) Penn  
 12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME William H Standish 13b. MOTHER'S MAIDEN NAME Anna Brannage 14. NAME OF HUSBAND OR WIFE Cossie Standish

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. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME Cossie Standish Malena mo ADDRESS \_\_\_\_\_

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1/2 hr  
 ANTECEDENT CAUSES Tachycardia (slight)  
 Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. Heart  
 DUE TO (c) \_\_\_\_\_  
 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  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)  
7822

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 June, 1951, to June, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE L.S. Shucrate M.D. (Degree or title) 23b. ADDRESS Reeds Spring MO 23c. DATE SIGNED 7/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 20-51 24c. NAME OF CEMETERY OR CREMATORY Yalun pond 24d. LOCATION (City, town, or county) (State) Malena mo. A-3

DATE REC'D BY LOCAL REG. July 21-51 REGISTRAR'S SIGNATURE Mo J. Elmer Brown 25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham ADDRESS Malena mo

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

DIVISION  
District No.

RECEIVED

AUG 6 1951

Dist. File

Date Filed

244-37-42  
old

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

RECEIVED AUG 6 1951

Dist. File

Date Filed

851-1460  
8-9-51

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.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed *Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address *Salena 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.