

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6055

State File No. \_\_\_\_\_

FILED MAR 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5971</u>		Registrar's No. <u>32</u>			
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Balivau Rural</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0840</u>		OR TOWN <u>Balivau</u>			
d. FULL NAME OF (If not in hospital or institution, give street address and location) <u>8 Mi. N.E. of Balivau</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mi. N.E. of Balivau</u>					
3. NAME OF DECEASED (Type or Print) <u>William Samuel Standley</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Feb 19 1952</u>				Month		Day		Year	
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 13 1863</u>		9. AGE (In years last birthday) <u>88</u> Months <u>6</u> Days <u>6</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>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Polk Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Standley</u>			13b. MOTHER'S MARRIAGE NAME <u>Sarah Jane Amos</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Standley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Standley</u> ADDRESS <u>Balivau 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Leg - Last August</u> DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>						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) _____					
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 <u>1925</u> , to <u>Feb 19 1952</u> that I last saw the deceased alive <u>Feb 13 1952</u> and that death occurred at <u>2:00 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. D. Bridges</u> (Degree or title)				23b. ADDRESS <u>Balivau Mo.</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Feb 21 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cemetery N.E. of Balivau Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>Mar 10 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>and Blue</u> ADDRESS <u>Balivau Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____			

(Licensed Embalmers' 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.

Student .....  
Student Embalmer

Signed

*William B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Galivada, 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.