. No. 300
. 10.48

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

State File No. 9228

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO 5825 Registrar's No. 8

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

**1. PLACE OF DEATH**
a. COUNTY: New MAdRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RISCO
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT 1352
d. STREET ADDRESS (If rural, give location): 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jess
b. (Middle):
c. (Last): STANLEY

**4. DATE OF DEATH** (Month) (Day) (Year): MAR. 22 1952

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov 2, 1878
**9. AGE** (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): TIMBER CUTTER
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): ILLINOIS
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: ZACK STANLEY
**13b. MOTHER'S MAIDEN NAME**: JANE HUGGINS
**14. NAME OF HUSBAND OR WIFE**: —

**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**: MRS AdA. SUMMERS. ADDRESS: RISCO, MO

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

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mephritis
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterial Degeneration
DUE TO (c): Dropsy

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 446X
**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) m.
**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* Mar 21, 1952, *to* Mar 22, 1952, *that I last saw the deceased alive on* Mar 22, 1952 *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Dr S Carlton DO
**23b. ADDRESS**: Malden Mo
**23c. DATE SIGNED**: Mar 25

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3/23/52
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park
**24d. LOCATION** (City, town, or county) (State): Blytheville Ark

**DATE REC'D BY LOCAL REG.**: 4/5/52
**REGISTRAR'S SIGNATURE**: Dr Geo W Husted MD 217-0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Holt Funeral Home Blytheville Ark

(Licensed Embalmer's Statement on Reverse Side)

MAR 18

## 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~~ at Blytheville Ark, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed P. M. Hall

Licensed Embalmer No. Ark 665 Mo 14454

P. O. Address Blytheville Ark

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.