

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11949

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>2526</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Twp. 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>4 and 3/4 miles N.W. Jasper</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u>		b. (Middle) <u>Jackson</u>		c. (Last) <u>Stansberry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 1, 1873</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
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>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>London, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Stansberry</u>			13b. MOTHER'S MAIDEN NAME <u>Drucilla Stansberry</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Z. Weston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beulah Jones, St. Joseph, 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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Posterior Myocardial Infarction</u></p> <p>ANTECEDENT CAUSES <u>Coronary Sclerosis</u></p> <p>DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>4-21, 1952</u> , to <u>May 1, 1952</u> that I last saw the deceased alive on <u>May 4, 1952</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.M. Arnold M.D.</u>				23b. ADDRESS <u>Lamar, Mo</u>		23c. DATE SIGNED <u>5-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 3rd 52</u>		REGISTRAR'S SIGNATURE <u>Marie Korantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sharp and Selvey, Jasper, Mo.</u>			

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

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APR 20 1952

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

Lauron S. Sharp

Student Embalmer No. 345

working under my personal supervision.

Student *Lauron S. Sharp*
Student Embalmer

Signed *George W. Newscomb*

Licensed Embalmer No. 4671

P. O. Address Fackwood, 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.