

STANDARD CERTIFICATE OF DEATH

 State File No. **21139**

 BIRTH NO. **1950 JUL 1 - 1952**

 REG. DIST. NO. **195**

 PRIMARY REG. DIST. NO. **4309**

 Registrar's No. **45**

 5600
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY W. Donald			2. USUAL RESIDENCE (Where deceased lived. If <u>admitted</u> residence before admission) a. STATE Ola b. COUNTY Ola		
b. CITY (If outside corporate limits, write RURAL and give township) South West City		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) 8350		d. STREET ADDRESS (If rural, give location) 8
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) W. Vernon T. b. (Middle) Stanford c. (Last) Stanford			4. DATE OF DEATH (Month) (Day) (Year) May - 31 - 52		
5. SEX Male	6. COLOR OF RACE White	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Aug - 16 - 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Edward Stanford		13b. MOTHER'S MAIDEN NAME Russan Hattery		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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Stanford South West City, 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201
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 May 30 - 1952 to May 31, 1952 , that I last saw the deceased alive on 5-31-1952 , and that death occurred at 820 1/2 from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. E. Warrmaier		23b. ADDRESS W. D. South West City, Mo		23c. DATE SIGNED 6-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-1-52	24c. NAME OF CEMETERY OR CREMATORY W. D.	24d. LOCATION (City, town, or county) (State) Macon Area		
DATE REC'D BY LOCAL REG. 6-24-52	REGISTRAR'S SIGNATURE Mayme Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE Casper Funeral Home		ADDRESS Macon, Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.