

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27702

State File No.

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4194		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		137	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Dewey		b. (Middle) Lee		c. (Last) Staton	
4. DATE OF DEATH		August 31, 1952		5. SEX Male 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Divorced		8. DATE OF BIRTH May 17, 1898		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Darlington, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Pierce Staton		13b. MOTHER'S MAIDEN NAME Mary Margaret Strawbridge		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. M. Roy		ADDRESS Darlington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Found dead in his</i> DUE TO (c) <i>None</i> 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		42 C 1		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)	
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 Aug 31, 1952, to Aug 31, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at Aug 31, 1952, from the causes and on the date stated above.		23. SIGNATURE 30 <i>W. Williams</i> (Degree or title)	
23a. ADDRESS Gentry, Mo		23b. DATE Sept 2, 1952		23c. NAME OF CEMETERY OR CREMATORY Rouse Cemetery		23d. LOCATION (City, town, or county) (State) Darlington Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Rouse Cemetery		24d. LOCATION (City, town, or county) (State) Darlington Mo.	
DATE REC'D BY LOCAL REG. Sept 10-52		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE 462 <i>Leifert Bros</i>		ADDRESS Albany Mo	

(Licensed Embalmer's 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.