V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

501

FILED JAN 12 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 14 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glasgow 0450
d. STREET ADDRESS (If rural, give location): route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): ~~Stanley~~
c. (Last): Stanley

4. DATE OF DEATH (Month) (Day) (Year): Jan 8 1953

5. SEX: Fem
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr 13, 1869
9. AGE (In years last birthday): 83
If under 1 year: Months 7 Days 29
If under 24 hrs.: Hours ... Min. ...
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John Tessley
13b. MOTHER'S MAIDEN NAME: Sarah Reynolds
14. NAME OF HUSBAND OR WIFE: Everett Stanley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Everett Stanley
ADDRESS: Glasgow

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) Senility with senile dementia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 304X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Jan 8, 1953, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 5.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Hunter
(Degree or title): M D
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: Jan 8 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10-1953
24c. NAME OF CEMETERY OR CREMATORY: Richland
24d. LOCATION (City, town, or county) (State): Glasgow Mo

DATE REC'D BY LOCAL REG.: Jan-10-1953
REGISTRAR'S SIGNATURE: Martha Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE: Maupin Funeral Home
ADDRESS: Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. D. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton 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.