

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6729

State File No. ....

S. No. 300  
v. 10.48

FILED MAR 6 - 1953

REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MT. Vernon</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>803 So. West St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22. 1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>MerK</u> c. (Last) <u>Stanley</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July-3-1896</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Work</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Darbo Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Stanley</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Bunch</u>	
14. NAME OF HUSBAND OR WIFE <u>Cddie Mae Stanley</u>		15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>	
16. SOCIAL SECURITY NO. <u>375-16-7368</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cddie Mae Stanley</u> ADDRESS <u>McVernon Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>unknown</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>1/22</u> 19 <u>53</u> , to <u>2/24</u> 19 <u>53</u> , that I last saw the deceased alive on <u>2/22</u> , 19 <u>53</u> , and that death occurred at <u>8:20 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Berneth Glover</u> (Degree or title)		23b. ADDRESS <u>MT. Vernon, MO</u>	
23c. DATE SIGNED <u>2/24/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Feb 25-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loof Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>McVernon Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Foutt</u> ADDRESS <u>McVernon Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-25-53</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> (Licensed Embalmer)	

MAR 11 1958

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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 Max L. Fournet

Licensed Embalmer No. 4252

P. O. Address M. L. Fournet, Inc.

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.