

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7141**

FILED MAR 5 - 1953

BIRTH NO.

REG. DIST. NO. **282**PRIMARY REG. DIST. NO. **3055**Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk					
b. CITY OR TOWN Balvay		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Balvay 0841					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1025 Mandell Street				d. STREET ADDRESS (If rural, give location) 1025 Mandell Street					
3. NAME OF DECEASED a. (First) Heber			b. (Middle)		c. (Last) Standley		4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1953		
5. SEX M	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 3 1899		9. AGE (In years last birthday) 73 Months 10 Days 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Rural Mail Carrier		11. BIRTHPLACE (City and State or Foreign Country) Polk Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James J. Standley			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Blaise Standley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James Standley ADDRESS Balvay 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) Acute heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222						INTERVAL BETWEEN ONSET AND DEATH 1 day	
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 Feb 2 , 19 53 , to Feb 3 , 19 53 , that I last saw the deceased alive on Feb 2 , 19 53 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Doyle C. McLean (Degree or title) no				23b. ADDRESS Balvay Mo				23c. DATE SIGNED 2/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 5 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Balvay Mo			
DATE REC'D BY LOCAL REG. Feb. 28, 1953		REGISTRAR'S SIGNATURE 258-0		25. FUNERAL DIRECTOR'S SIGNATURE Green & Blue ADDRESS Balvay Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 29 1932

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: Harold B. Erwin

Licensed Embalmer No. 3092

P. O. Address Salinas, 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.