

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13146

State File No. _____

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4001 Registrar's No. 142

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

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger		c. LENGTH OF STAY (in this place) 7 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger		d. STREET ADDRESS (If rural, give location) No street address
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Novinger					
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Clay c. (Last) Stanley			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec. 28, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Josiah Stanley		13b. MOTHER'S MAIDEN NAME Hannah Elizabeth Young		14. NAME OF HUSBAND OR WIFE Divorced	
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 ADDRESS Mrs. Reta White, Green 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 Thrombosis 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. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 hrs hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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>1952</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:52</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert B. Davis, Coroner 3		23b. ADDRESS Kimberly, Adair Co. Mo.		23c. DATE SIGNED 4-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE APRIL 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	24d. LOCATION (City, town, or county) (State) Green Castle, Mo.		
DATE REC'D BY LOCAL REG. 4-24-53		REGISTRAR'S SIGNATURE Reta Lambert 1-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.	

Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Name of Embalmer _____
 License No. _____
 City _____
 State _____
 Date of Embalming _____
 Name of Embalmer _____
 License No. _____
 City _____
 State _____

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 _____

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.

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