

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13175**

27383
FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **73**

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladonia MO 40	
c. LENGTH OF STAY (In this place) 19 hrs - 20 min		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED a. (First) RANDALL b. (Middle) EUGENE c. (Last) Stanford			4. DATE OF DEATH (Month) (Day) (Year) 5 5 1953		
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8	
8. DATE OF BIRTH 5-4-53		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 YEAR: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mexico, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Jim Solomon Stanford		13b. MOTHER'S MAIDEN NAME Luze/Earline Camp		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Wesley Stanford	
				ADDRESS Ladonia 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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure			INTERVAL BETWEEN ONSET AND DEATH 4 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Asphyxia Neonatorum			
		DUE TO (c) Card arrest in situ.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					at Birth

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) 7610	
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 May 4, 1953, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harold A. Linsford		23b. ADDRESS 1120 Mexico Mo.		23c. DATE SIGNED May 5 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5 1953		24c. NAME OF CEMETERY OR CREMATORY Ladonia Cemetery	
				24d. LOCATION (City, town, or county) (State) Ladonia Mo.	

DATE REC'D BY LOCAL REG. May 5 1953		REGISTRAR'S SIGNATURE Blanche Keely		5. FUNERAL DIRECTOR'S SIGNATURE Walbur Binschoff	
				ADDRESS Ladonia Mo.	

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 _____

working under my personal supervision.

Student Embalmer No. 2

Signed _____

Clyde C. Wilbey

Signed.....
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Ferry, 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.