

FILED SEP 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31230

|   |  |  |  |   |  |   |   |   |  |
|---|--|--|--|---|--|---|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>55</u>   |  | PRIMARY REG. DIST. NO. <u>3011</u>  |  | Registrar's No. <u>96</u>   |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Carroll</u>  |  |   |   |   |  |
| b. CITY OR TOWN <u>Carrollton,</u>  |  | c. LENGTH OF STAY (In this place) <u>8 Days</u>  |  | c. CITY OR TOWN <u>Carrollton</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staton Clinic &amp; Hospital</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>0121</u><br><u>208 West 6th Street.</u>  |  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Frank</u>  |  |  | b. (Middle) _____                                  |   | c. (Last) <u>Standley</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9-13-1953</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>June 9, 1898</u>  |   | 9. AGE (In years last birthday) <u>55</u> Months <u>3</u> Days <u>4</u> Hours _____ Mins. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Operator</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                   |   |  |
| 13a. FATHER'S NAME <u>Charles Carroll Standley</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Christiann Tomlin</u> |   |  | 14. NAME OF HUSBAND OR WIFE <u>Sadie Snow Standley</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>   |  | 16. SOCIAL SECURITY NO. <u>491-20-1663</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Standley</u>  |  |   |   | ADDRESS <u>Carrollton</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                           |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial - Insufficiency</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 hrs.</u>   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u>   |  |   |  | 20. AUTOPSY?<br>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) _____   |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>Sept 5, 1953</u> to <u>Sept 13, 1953</u> that I last saw the deceased alive on <u>Sept 13, 1953</u> and that death occurred at <u>2:08 p.m.</u> from the causes and on the date stated above. |  |  |  |   |  |   |   |   |  |
| 23a. SIGNATURE <u>D. Hamilton Staton M.D.</u> (Degree or title)   |  |  |  | 23b. ADDRESS <u>Carrollton, Mo.</u>   |  | 23c. DATE SIGNED <u>Sept 14, 1953</u>   |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>9/15/53</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo.</u>  |   |   |  |
| DATE REC'D BY LOCAL REG. <u>9/15/53</u>   |  | REGISTRAR'S SIGNATURE <u>Dr. Herbert Calvert</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u>   |  | ADDRESS <u>Carrollton</u>   |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *R. M. Marshall* .....

Licensed Embalmer No. *25* .....

P. O. Address *Carrollton* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.