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FILED NOV 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39971

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-9-6-8 Registrar's No. 85

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1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~[illegible]~~ P. Carroll
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. S. of Platte City on 71

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS
d. STREET ADDRESS (If rural, give location): 129 BROOKLYN 3108 1

3. NAME OF DECEASED (Type or Print)
a. (First): OREN
b. (Middle): DEAN
c. (Last): STANLEY

4. DATE OF DEATH (Month) (Day) (Year): 11-4-1953

5. SEX: M O
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE O
8. DATE OF BIRTH: Nov 9 1934
9. AGE (In years last birthday): 19 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): KANSAS CITY MO O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FORREST STANLEY
13b. MOTHER'S MAIDEN NAME: MINNIE PRIVITERA
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT'S SIGNATURE OR NAME: MINNIE PRIVITERA ADDRESS: KC 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): SKULL FRACTURE + INTERNAL INJURIES

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. AUTO COLLISION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~[illegible]~~ Carroll PLATTE 083 MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 4, 1953 8:35 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 8:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner 3
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. OLIVET
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Ophia Rollins 257-0
25. FUNERAL DIRECTOR'S SIGNATURE: PASSANTINO BROS ADDRESS: KC MO

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1958

NOV

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 Roland M. Goffee

Licensed Embalmer No. 4725

P. O. Address Platte City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.