

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42345**
Registrar's No. **75**

BIRTH NO. **FILED DEC 16 1953** REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5285**

0230

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Elijah		b. (Middle) ✓	
c. (Last) Standiford		4. DATE OF DEATH (Month) (Day) (Year) Nov 26 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 20, 1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 HR. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clark County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George Standiford	
13b. MOTHER'S MAIDEN NAME Mildred Davis		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. none	
17. INFORMANT'S SIGNATURE OR NAME Romaine Priebe		ADDRESS Wyaconda, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) and Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 6 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Perry S. Burton, Coroner (Degree of title)		23b. ADDRESS Kahoka, Mo.	
23c. DATE SIGNED 11-28-53		24a. BURIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE Nov 20 1953		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
24d. LOCATION (City, town, or county) (State) Near Wyaconda, Mo.		DATE REC'D BY LOCAL REG. 12/7-53	
REGISTRAR'S SIGNATURE W. H. Dredger		25. FUNERAL DIRECTOR'S SIGNATURE Gerth & Basket	
ADDRESS Wyaconda		ADDRESS Wyaconda	

DEC 16 1953

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.

Signed _____

Geo. V. Baskett

Signed.....
Student Embalmer

Licensed Embalmer No. 1817

P. O. Address Wyalondan

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.