

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43376**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 552

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>726 Chestnut Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>726 Chestnut Ave</u>		d. STREET ADDRESS (If rural, give location) <u>726 Chestnut Ave</u>	
3. NAME OF DECEASED a. (First) <u>Ruth</u>		b. (Middle) <u>Elizabeth</u>	
c. (Last) <u>Stanley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-3-1898</u>
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u></u> YEARS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	
11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>David Friend</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Cole</u>	
14. NAME OF HUSBAND OR WIFE <u>Raymond E. Stanley</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond E Stanley</u> ADDRESS <u>726 Chestnut, Joplin, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Less than 1 hour</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis generalized with cerebral thrombosis</u> DUE TO (c) <u></u> 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 <u>4/201</u>	
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) (m.)		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>12-1-</u> , 19 <u>52</u> , to <u>12-7-</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. W. ...</u> (Degree or title)		23b. ADDRESS <u>21st Nat'l Bldg Joplin</u>	
23c. DATE SIGNED <u>12/11/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort</u> ADDRESS <u>Joplin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-12-53</u>		REGISTRAR'S SIGNATURE <u>138</u>	

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

RECEIVED DEC 14 1953

Jasper County Health Office

County File Number 53-12-1000

Date Filed DEC 14 1953

MAR 24 1955

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.....
Student Embalmer

Signed Lucas A. Thorsfield

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.