No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7401

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 510

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

1. PLACE OF DEATH a. COUNTY: ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: ILLINOIS b. COUNTY: SANGAMON 8120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS — c. LENGTH OF STAY (in this place): 6 DAYS	c. CITY OR TOWN: SPRINGFIELD — d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.	e. STREET ADDRESS (If rural, give location): 1919 E. BROWN STREET

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LOUIS	E.	STANTON	2-27-54

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	NEVER MARRIED	2-3-13	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
FOUNDRY WORKER	UNEMPLOYED	SPRINGFIELD, ILL.	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
IRA STANTON	CLARA MC KENZIE	NONE

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 — ADDRESS
YES	WW II	UNK.	VA HOSPITAL RECORDS, JEFF BRKS, MO.

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION** — INTERVAL BETWEEN ONSET AND 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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEANNEC'S CIRRHOSIS

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.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	5811	YES [ ] NO [X]

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	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 2-21-54*, 19 , to* 2-27-54*, 19 ,* ~~that I last saw the deceased alive on~~ ~~19~~ *and that death occurred at* 3:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard Cohle — RICHARD COHLE MD	VAH JEFFERSON BARRACKS, MO.	2-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
[redacted] REMOVAL	MAR 2, 1954	LOCAL	SPRINGFIELD	ILLINOIS

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS
2-27-54	Herbert R. Donke M.D.	Vincent E. Staab — 1109 E. 5th St. Springfield Ill.

(Licensed Embalmer's Statement on Reverse Side)

SW

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vincent R. Staab

Licensed Embalmer No. Ill. 5

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.