

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7884

State File No.

XC 155 52 15

RN 6122

BIRTH NO. FILED MAR 18 1954

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 181

1. PLACE OF DEATH a. COUNTY BUTLER b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF c. LENGTH OF STAY (In this place) 2HR 20MIN d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OXLY d. STREET ADDRESS (If rural, give location) 0910 /			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) L. c. (Last) STANLEY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 7, 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH NOVEMBER 14, 1888		9. AGE (In years last birthday) 65 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (State or foreign country) PINE, MO.	
13a. FATHER'S NAME HUMPHREY STANLEY		13b. MOTHER'S MAIDEN NAME MARY DALTON		14. NAME OF HUSBAND OR WIFE LILLIE STANLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CONGESTIVE HEART FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PNEUMONIA, LOBAR BILATERAL DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH _____ _____
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 190X			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 3-7-54, 19, to 3-7-54, 19, and that death occurred at 4:50 p.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Name L. Stanley M.D.</i> (Degree or title)		23b. ADDRESS VA HOSPITAL POPLAR BLUFF, MO.		23c. DATE SIGNED 3-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-54		24c. NAME OF CEMETERY OR CREMATORY ANTIOCH CEMETERY	
24d. LOCATION (City, town, or county) (State) OXLEY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. Lee McNabb</i> ADDRESS FUNERAL HOME, POORHANTAS, Ark.			

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

RECEIVED

MAR 15 1954

BUTLER CO. HEALTH CENTER

FILE No. MAR 15 1954



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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.