

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16612**
 BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>MARQUAND</u>		c. CITY OR TOWN <u>MARQUAND - MISSOURI</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>OTTO</u> c. (Last) <u>STANTILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-54</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>MARCH 13-1893</u>		9. AGE (In years last birthday) <u>61</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILL WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARQUAND - MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HENRY STANTILL</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Reeves</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mr. Bessie Stantill</u>		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>488-28-8838</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Bessie Stantill</u> ADDRESS <u>Marquand</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEFT LUNG LESION, TYPE UNDETERMINED</u> (b) <u>PROBABLY MALIGNANT.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MONTHS</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		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"/>	
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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 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 4-3, 1954 to 5-8, 1954, that I last saw the deceased alive on 5-8, 1954 and that death occurred at 5:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.A. Michaelis, M.D.</u> (Degree or title)		23b. ADDRESS <u>135 S. Mine La Motte Fredericktown, Missouri</u>		23c. DATE SIGNED <u>5-17-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MADISON</u>	
24d. LOCATION (City, town, or county) (State) <u>MARQUAND MO</u>					

DATE REC'D BY LOCAL REG. <u>5-17-54</u>		REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmund Marquand</u> ADDRESS <u>Sto</u>	
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(Licensed Embalmer's Statement on Reverse Side)

 No. 300
10.48
6020
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NEW RICKTOWN, MO.
RECEIVED
MAY 24 1954
RECEIVED
FILE No. 554-29

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. 499

working under my personal supervision.

Student Don J. Jones
Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricksburg, 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.