

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22020

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5054 Registrar's No. 65

1. PLACE OF DEATH  
a. COUNTY Barry  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- White River c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile West of Golden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Barry  
c. CITY OR TOWN Golden d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS (If rural, give location) 1 Mile West of Golden, Mo.

3. NAME OF DECEASED a. (First) MARY b. (Middle) ELLEN c. (Last) STANDLEE 4. DATE OF DEATH (Month) (Day) (Year) July 2 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 27 Dec. 1869 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 84 Days 6 IF UNDER 24 HRS. Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Arkansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ike Smith 13b. MOTHER'S MAIDEN NAME Dont Know 14. NAME OF HUSBAND OR WIFE Link Standlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Jim Frank Standlee-Som ADDRESS \_\_\_\_\_

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.*  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH few hrs.  
ANTECEDENT CAUSES DUE TO (b) Hypertension yes  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) Hemorrhagic nephritis 10-12 day  
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 331X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5/11/1954 to 7/2/1954, that I last saw the deceased alive on 7/2/1954, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Van Pelt MD 23b. ADDRESS Evansburg, Mo. 23c. DATE SIGNED 7/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-4-54 24c. NAME OF CEMETERY OR CREMATORY Black Jack Cemetery 24d. LOCATION (City, town, or county) (State) Carroll Co. Arkansas

DATE REC'D BY LOCAL REG. 7-14-'54 REGISTRAR'S SIGNATURE Grace Williams 10-0 25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home- Berryville, Ark. ADDRESS \_\_\_\_\_

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

BARDY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 754-65

DATE REC. 7-17-54

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**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 me....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Charles M. McCann.....

Licensed Embalmer No. 815.....

P. O. Address Bermyille,.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.