

FILED JAN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 917

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Miller	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist					
e. STREET ADDRESS (If rural, give location) 0550					

3. NAME OF DECEASED a. (First) Millard			b. (Middle) Frank			c. (Last) Stater			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 20, 1899		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days 11 19		11. IF UNDER 24 HRS. Hours Min. 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Restaurant				10b. KIND OF BUSINESS OR INDUSTRY Restaurant				11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo.				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME H. C. Stater			13b. MOTHER'S MAIDEN NAME Clara Rice			14. NAME OF HUSBAND OR WIFE Single			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eugene Stater			ADDRESS Miller, Mo.		

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) Epidermoid Carcinoma Left Upper Lobe Bronchus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with finer metastases DUE TO (c) 162 X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Empyema thoracis Left INTERVAL BETWEEN ONSET AND DEATH 3-6 mo 1 mo									
19a. DATE OF OPERATION 11-15-54		19b. MAJOR FINDINGS OF OPERATION Epidermoid Carcinoma Left Upper Lobe Bronchus						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 11-10, 1954, to 1-8, 1955, that I last saw the deceased alive on 1-8, 1955, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas E. Ashley M.D.			23b. ADDRESS Springfield Mo.			23c. DATE SIGNED 1-8-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Brick Church		24d. LOCATION (City, town, or county) (State) S.F. Miller, Mo.		
DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE Wm. Williams		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Morris-Leiman Funeral Home Miller, Missouri				

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

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.....
Signature of Student Embalmer

Signed *L. Pauline Connor*.....

Licensed Embalmer No. *317*.....

P. O. Address *Springfield*.....

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.