

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11277

BIRTH NO.		REG. DIST. NO. 55	PRIMARY REG. DIST. NO. 3011	Registrar's No. 48
1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Mo. b. COUNTY Carroll		
b. CITY OR TOWN Carrollton		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Carrollton
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hosp.		e. STREET ADDRESS (If rural, give location) 104 E. Shanklin		
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) STANDLEY		4. DATE OF DEATH (Month) (Day) (Year) MAY 7 1955		
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb 18, 1873	
9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (City and State or Foreign Country) Unknown
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Isaac Baker		13b. MOTHER'S MAIDEN NAME Amelia Baker		14. NAME OF HUSBAND OR WIFE John Standley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Charles Standley, Carrollton 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) Senility, decompensation of heart, w/ mitral & aortic insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart, w/ mitral & aortic insufficiency DUE TO (c) Malignancy (metastatic) primary in (pancreas) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Upper extremities, involvement of stomach, liver etc.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 May 1955 to May 7, 1955, that I last saw the deceased alive on May 7, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dr. Wm. Chas. St. 2		23b. ADDRESS Carrollton, Mo.		23c. DATE SIGNED 5/7/55
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-9-55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
24d. LOCATION (City, town, or county) (State) Carrollton Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Herbert Calvert Standley, Carrollton Mo.		
DATE REC'D BY LOCAL REG. 5/9/55		REGISTRAR'S SIGNATURE Mrs. Herbert Calvert Standley		45-71

(Licensed Embalmer's Statement on Reverse Side)

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 *Ben W. Gibson*.....

Licensed Embalmer No. *296*.....

P. O. Address *Carrollton*.....

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.