

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 25 1955

42

PRIMARY REG. DIST. NO.

1000

Registrar's No. 704

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray 0891</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph 2</u>		c. LENGTH OF STAY (in this place) <u>2 yrs 4m. 20d</u>	c. CITY OR TOWN <u>Richmond</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>J.</u> c. (Last) <u>Stanley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 1868</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Ray Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Stanley</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Strayton</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Burnett Richmond Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat exhaustion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio sclerosis</u>	
DUE TO (c) <u>4500 ft</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic brain syndrome associated</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>with some brain disease &amp; psychosis</u>		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 <u>Jan 1</u> , 19 <u>53</u> , to <u>July 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 14</u> , 19 <u>53</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>State Hospital No 2 St Joe Mo</u>	23c. DATE SIGNED <u>7/14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Braymer</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer Mo</u>
DATE REC'D BY LOCAL REG. <u>July 15, 1955</u>	REGISTRAR'S SIGNATURE <u>Cathryn M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wendell Funeral Home Braymer, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student.....  
Signature of Student Embalmer

Signed..... *Charles E. Bennett*

Licensed Embalmer No. *462*

P. O. Address *St. Joseph*

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.