

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29239**

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5240		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give OR Rural, Washington TWP.)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles N. of Stockton				e. STREET ADDRESS (If rural, give location) 7 Miles N. of Stockton			
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL		b. (Middle) WEBSTER		c. (Last) STANSBURY		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 8, 1879	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Baltimore, Maryland	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Daniel Stansbury		13b. MOTHER'S MAIDEN NAME Elizabeth Chilcoat	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Nancy Stansbury		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nancy Stansbury		ADDRESS Stockton, 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic cardio-vascular disease DUE TO (c) Hemiplegia				INTERVAL BETWEEN ONSET AND DEATH hrs. 3.19.55 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 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 3-16 , 19 55 , to 9-17 , 19 55 , that I last saw the deceased alive on 9-12 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Wm B Richter MD (Degree or title)				23b. ADDRESS Stockton Mo		23c. DATE SIGNED 9-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-1955		24c. NAME OF CEMETERY OR CREMATORY Pankey Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 9-24-55		REGISTRAR'S SIGNATURE Geneva Garrison		5. FUNERAL DIRECTOR'S SIGNATURE Carlton Funeral Home		ADDRESS Stockton, Mo	

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 *John A. Cantlon*.....

Licensed Embalmer No. *43*

P. O. Address *Stockton*

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.