

FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30255

BIRTH NO. 78590-55 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 3334

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Lilbourn		c. LENGTH OF STAY (in this place) OR TOWN Canalou		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 Chastain's Clinic		f. STREET ADDRESS (If rural, give location) 4 miles South of Canalou			
3. NAME OF DECEASED (Type or Print) Baby Boy Stanford		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 30 1955		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lilbourn, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jr. Floyd Stanford		13b. MOTHER'S MAIDEN NAME Bonnie Flowers	
14. NAME OF HUSBAND OR WIFE		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 Jr. Floyd Stanford		ADDRESS Canalou, 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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5 month lack of strength to sustain under oxygen treatment		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION 776X	
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	
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 <u>Sept 30, 1955</u> to <u>Sept 30, 1955</u> , that I last saw the deceased alive on <u>Sept 20, 1955</u> , and that death occurred at <u>11:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <i>H. L. Gonder</i>		(Degree or title) D.O.		23b. ADDRESS Lilbourn Mo	
23c. DATE SIGNED 10-6-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-55	
24c. NAME OF CEMETERY OR CREMATORY Mounds Park		24d. LOCATION (City, town, or county) (State) Lilbourn, Mo.			
DATE REC'D BY LOCAL REG. 10-6-55		REGISTRAR'S SIGNATURE <i>H. L. Gonder Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE Friends.	

DATE RECEIVED OCT 10 1955.
NEW MADRID CO. HEALTH CENTER

R. J. S.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.