

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32172**

FILED NOV 4 1955

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5084** Registrar's No. **96**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Bates	b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Elkhart)	a. STATE Missouri	b. COUNTY Bates
c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Amoret	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 R.F.D. Amoret		e. STREET ADDRESS (If rural, give location) R.F.D. 0070	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Albert	b. (Middle) Freeman	c. (Last) Stanfill	Oct. 27, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-19-1893	9. AGE (In years last birthday) 62	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Bates Co., Missouri	

13a. FATHER'S NAME Oliver Stanfill	13b. MOTHER'S MAIDEN NAME Virginia McGuire	14. NAME OF HUSBAND OR WIFE Carrie Stanfill
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 ADDRESS Carrie Stanfill Amoret, R.F.D. 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		INTERVAL BETWEEN ONSET AND DEATH 3 years
	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. DUE TO (b) Spontaneous heart disease DUE TO (c) 4200		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) None	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 4/10, 1954, to 10/27, 1955, that I last saw the deceased alive on 10/6, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas C. Ronald M.D.	23b. ADDRESS Butler, Mo	23c. DATE SIGNED 10/28/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-29-55	24c. NAME OF CEMETERY OR CREMATORY Adam Howell Cemetery
24d. LOCATION (City, town, or county) (State) Bates Co., Missouri		

DATE REC'D BY LOCAL REG. Oct. 28-55	REGISTRAR'S SIGNATURE Randall Krumpholtz	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver - Underwood Butler, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
20

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 *Robert G. Steinhilber*

Licensed Embalmer No. *465*

P. O. Address *Butler,*

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.