

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8555

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give town) Boonville		c. LENGTH OF STAY (in this place) 2 mo.		c. CITY OR TOWN Boonville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 513 Poplar			
3. NAME OF DECEASED (Type or Print) WILLIAM FRANCIS ARTHUR STANFIELD		a. (First)		b. (Middle)		c. (Last)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 24, 1871	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		11. BIRTHPLACE (City and State or Foreign Country) Seymour, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William F. Stanfield		13b. MOTHER'S MAIDEN NAME Cynthia Sweeney		14. NAME OF HUSBAND OR WIFE Agnes M. Nold Stanfield			
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. 492-22-4132		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer Stanfield Boonville, Missouri			
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) Cerebrovascular accident  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - arteriosclerotic cardiovascular Disease  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 months  + 3 years	
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)		44 3x	
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>1-12-56</u> , 19 <u>56</u> , to <u>3-30-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-29-56</u> , 19 <u>56</u> , and that death occurred at <u>9:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE B. N. Stuart, M.D.		(Degree or title)		23b. ADDRESS 329 Main, Boonville, Mo.		23c. DATE SIGNED 3/31/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 2/56		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Missouri	
DATE REC'D BY LOCAL REG. 4/2/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Thacker		ADDRESS Boonville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1958

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 *Berry W. Thacker*

Licensed Embalmer No. *394*

P. O. Address *Boonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.