

11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8928**

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. LENGTH OF STAY (in this place) 5 mos.		c. CITY OR TOWN Glasgow		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 Shields Conv. Home				e. STREET ADDRESS (If rural, give location) Route #2 - 7 mi. S.W. of Glasgow			
3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) EVERETT c. (Last) STANLEY			4. DATE OF DEATH (Month) (Day) (Year) Mar. 26, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 30, 1872	
9. AGE (In years last birthday) 83			10. IF UNDER 1 YEAR Months Days		11. IF UNDER 14 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTH PLACE (City and State or Foreign Country) Glasgow Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Aaron Stanley		13b. MOTHER'S MAIDEN NAME Cynthia Crowley		13c. NAME OF HUSBAND OR WIFE Ide Lesley Stanley (dec.)			
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 AND ADDRESS Mrs. Jim Milan Glasgow, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia					
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) 151X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 6, 1956 , to Mar 26, 1956 , that I last saw the deceased alive on Mar 26, 1956 , and that death occurred at 5:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE M. Beech Mrs.				23b. ADDRESS Fayette, MO		23c. DATE SIGNED 3/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 28, 1956		24c. NAME OF CEMETERY OR CREMATORY Washington		24d. LOCATION (City, town, or county) (State) Glasgow Mo.	
DATE REC'D BY LOCAL REG. 3/30/56		REGISTRAR'S SIGNATURE Mary K. Shell		GENERAL DIRECTOR'S SIGNATURE Rudley		ADDRESS Freemont Glasgow Mo.	

(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 *W. H. Remond*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow*.....

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.