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.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31639

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 597 Dearing St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Georgia
b. COUNTY Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Athens
d. STREET ADDRESS (If rural, give location) 597 Dearing Street

810 0 8

3. NAME OF DECEASED (Type or Print)
a. (First) Curtis
b. (Middle)
c. (Last) Stanton

4. DATE OF DEATH (Month) (Day) (Year) October, 9, 1956

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH February 10, 1911
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U S Air Force
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (City and State or Foreign Country) Covington, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Deceased
13b. MOTHER'S MAIDEN NAME Deceased
14. NAME OF HUSBAND OR WIFE Elizabeth Stanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1943-56
16. SOCIAL SECURITY NO. 259-09-1311
17. INFORMANT'S SIGNATURE OR NAME Personal Affair Records, Whiteman AFB, Mo — ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide with firearms

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 9 Oct 56
19b. MAJOR FINDINGS OF OPERATION 976X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Sedalia (COUNTY) Pettis (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-9-56 3:25 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Suicide with firearms

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as Corner, 19__, ~~that I last saw the deceased alive on ____, 19__~~, and that death occurred at 3:45 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Chas Gordon Stauffacher MD
23b. ADDRESS Corner of Pettis Co
23c. DATE SIGNED 10-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/10/56
24c. NAME OF CEMETERY OR CREMATORY The Brauningers
24d. LOCATION (City, town, or county) (State) Warrensburg, Mo

DATE REC'D BY LOCAL REG. 10-10-56
REGISTRAR'S SIGNATURE Lavina Coontz, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE Robert Brauninger, Mo — ADDRESS Warrensburg

(Licensed Embalmer's Statement on Reverse Side) (9.2.4)

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

18 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 .....
Student Embalmer

Signed R A Brausinger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.