

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33790

STATE FILE NUMBER

FILED NOV 1 - 1956

Registration District No. **382**

Primary Registration District No. **5545**

Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chilton Township</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi south Glasgow Life</u>				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> c. CITY OR TOWN <u>Chilton Township</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>6 mi south Glasgow</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>WILMOTH Stanley Amick</u> First Middle Last				4. DATE OF DEATH <u>Oct. 17, 1956</u> Month Day Year			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR. 1, 1867</u>	
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. PLACE OF BIRTH (City and state or country) <u>Glasgow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Carson W. Stanley</u>				14. MOTHER'S MAIDEN NAME <u>Cynthia Crowley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. James Milan</u> Address <u>Glasgow Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Spontaneous Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Patent Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year <u>7:45 a. m. 10-11-56</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>10-11-56</u> to <u>10-17-56</u> and last saw her alive on <u>10-15-56</u> Death occurred at <u>7:45</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE (Degree or title) <u>J. W. Audsley M.D.</u>				22b. ADDRESS <u>Glasgow Mo.</u>		22c. DATE SIGNED <u>10-19-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Oct. 19, 1956</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		23b. LOCATION (City, town, or county) <u>Glasgow, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Cuddeley, Fremont</u>		ADDRESS <u>Glasgow Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 19, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Health,
Welfare
Public
Service

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1-56

10

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 Charles T. Larham, Student Embalmer No. 53
working under my personal supervision..

Student. Charles T. Larham
Signature of Student Embalmer

Signed Elmer
Licensed Embalmer No. 39

P. O. Address Chicago

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.