

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

44433

State File No.

FILED DEC '31' 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 4 yrs.	c. CITY OR TOWN Marshall
d. FULL NAME OF HOSPITAL OR INSTITUTION 676 W. Jackson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 676 W. Jackson		0920	
3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) JOSEPHINE	c. (Last) STANFIELD
4. DATE OF DEATH	(Month) Dec.	(Day) 26,	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1883
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Missouri
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Schrader	13b. MOTHER'S MAIDEN NAME Christine Kidd	14. NAME OF HUSBAND OR WIFE Geo. E. Stanfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. C. Huff Malta Bend, 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) Myocardial - Coronary Artery Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis 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 7
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)	260X
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 <u>May 1954</u> to <u>Dec 26, 1956</u> , that I last saw the deceased alive on <u>Dec. 21, 1956</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John R. Lumsden M.D.		23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED Dec 27-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cem.	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
DATE REC'D BY LOCAL REG. Dec 28-56	REGISTRAR'S SIGNATURE Cecil G. Reed	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Hershberger Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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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 *Joseph R. Mackler*.....
Licensed Embalmer No. *45*.....

P. O. Address *Marsh*.....

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.