

FILED FEB 19 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5274
2001 Registrar's No. 74

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JOPLIN		c. CITY OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) 1 yr.		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 RFD #3, JOPLIN		STREET ADDRESS (If rural, give location) RFD #3 JOPLIN (LONE ELM)	

3. NAME OF DECEASED (Type or Print) JOAN	a. (First)	b. (Middle)	c. (Last) STANLEY	4. DATE OF DEATH (Month) (Day) (Year) FEB 12 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG 8, 1941	9. AGE (In years) (last birthday) 15	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) NEWTON CO., MO	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME LOUIS STANLEY	13b. MOTHER'S MAIDEN NAME IRENE WOOD	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LOUIS STANLEY	ADDRESS JOPLIN
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH February 1955
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site unknown		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 1999
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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?
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22. I hereby certify that I attended the deceased from **Did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wickham W. Brown	(Degree or title) 3	23b. ADDRESS Spring Valley	23c. DATE SIGNED 2-14-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 15 1957	24c. NAME OF CEMETERY OR CREMATORY SPRING VALLEY	24d. LOCATION (City, town, or county) (State) NEWTON CO. Mo.
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DATE REC'D BY LOCAL REG 2-14-57	REGISTRAR'S SIGNATURE Worce Merriam	25. FUNERAL DIRECTOR'S SIGNATURE Earl West	ADDRESS Yonkers
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(Licensed Embalmer's Statement on Reverse Side)

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

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Jasper County Health Office
County File Number 57-2-138
Date Filed FEB 18 1957

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 *Dale Green*.....
Licensed Embalmer No. 45

P. O. Address *Joplin*

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.