

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4082 State File No. 7934

FILED MAR 19 1957

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard city		c. CITY OR TOWN Bogard 0170	
c. LENGTH OF STAY (in this place) 50 years		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME - 1 Bogard, Mo.		e. STREET ADDRESS (If rural, give location) e. tv.	

3. NAME OF DECEASED (Type or Print) a. (First) ANKIE b. (Middle) ALCIE c. (Last) STANDLEY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 12-1957		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC. 21-1874		9. AGE (In years last birthday) 82		10. If UNDER 1 YEAR Months 2 Days 21 If UNDER 24 Hrs. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER.		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) CARROLL County, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME W. M. APPLEBERRY		13b. MOTHER'S MAIDEN NAME SUSAN HUNDLEY		14. NAME OF HUSBAND OR WIFE J. W. Standley deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Wm Edgar Jones ADDRESS Bogard, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo-cardial failure 3 da.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Impurities			
		DUE TO (c) old age.			
		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"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **Jan. 1, 1957**, to **Mar. 12, 1957** that I last saw the deceased alive on **Mar 11, 1957**, and that death occurred at **4 PM**, from the causes and on the date stated above

23a. SIGNATURE B. H. Hamilton (Degree or title)		23b. ADDRESS Station #16 Bogard, Mo.		23c. DATE SIGNED Mar 13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE March 14-57		24c. NAME OF CEMETERY OR CREMATORY COLOMA	
24d. LOCATION (City, town, or county) (State) Bogard MO		25. FUNERAL DIRECTOR'S SIGNATURE DICKERSON FUNERAL HOME		ADDRESS Bogard, Mo.	
DATE REC'D BY LOCAL REG. 3-14-57		REGISTRAR'S SIGNATURE Wm Herbert Calver			

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

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..... *P.M. Macken, Jr.*

Licensed Embalmer No. *446*

P. O. Address *Carrollton*

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.