

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009313  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER MO</u>	
b. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ELDON - R#3</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST-MARY'S</u> Length of stay in 1b <u>7 days</u>		d. STREET ADDRESS <u>BAGWELL</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Washington</u> Last <u>STANTON</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>21 July - 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. - Farming</u>	11. BIRTHPLACE (City and state or country) <u>CAMDEN - CO - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>WILLIAM - H - STANTON</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA - SHIPMAN</u>		14. NAME OF HUSBAND OR WIFE <u>TOMA - BALLENGER - STANTON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>LON - STANTON - LAKE - OZARK 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>CARCINOMA OF PROSTATE</u> DUE TO (b) <u>generalized metastases</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>NONE</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. <u>NONE</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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 3-15-58 to 3-19-58 and last saw him alive on 3-19-58  
Death occurred at 6:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Ernest S. Sugarbaker M.D.</u>		22b. ADDRESS <u>Jefferson - City - Mo</u>		22c. DATE SIGNED <u>21 MAR - 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>22 MAR - 58</u>	23c. NAME OF CEMETERY OR CREMATOR <u>LEBANON</u>	23d. LOCATION (City, town, or county) <u>LEBANON - Mo</u>	(State)	

24. FUNERAL DIRECTOR ADDRESS <u>Keith M. Hays, ELDON</u>		25. DATE RECD. BY LOCAL REG. <u>21 March 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD-MR.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Keith M. Kays* .....

Licensed Embalmer No. *3998* .....

P. O. Address *Eldon Mo.* .....

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.