

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018738

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 271

300
-57

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL		Length of stay in lb 18 DAYS	d. STREET ADDRESS 1125 AYLOR		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MIRREL OBERT STANSBURY			4. DATE OF DEATH Month Day Year MAY 30 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-10-1904	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KEYSTONE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY INDEPENDANT GRAVE	11. BIRTHPLACE (City and state or country) FAIRVIEW, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAUL STANSBURY		13b. MOTHER'S MAIDEN NAME NO DATA		14. NAME OF HUSBAND OR WIFE MRS BETTY JANE STANSBURY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-09-1293	17. INFORMANT Address MRS BETTY JANE STANSBURY WEBB CITY MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 18 days unknown
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.					
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 5-5-58 to 5-30-58 and last saw ^{her} him alive on 5-29-58. Death occurred at 3:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. M. Ferguson, M.D.			22b. ADDRESS Webb City, Mo.		22c. DATE SIGNED 5/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-2-1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETARY		23d. LOCATION (City, town, or country) (State) WEBB CITY MISSOURI	
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY MO.			25. DATE RECD. BY LOCAL REG. 6-3-1958	26. REGISTRAR'S SIGNATURE Dove Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Washoe County Health Office
County File Number 52-6-524
Date Filed JUN 10 1959

FEB 24 1959

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 *Richard H. Lewis*

Licensed Embalmer No. *4405*
P. O. Address *Walt City*

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.