

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019276

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 35

S. 300
1-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 670 b. COUNTY PIKE	
b. CITY OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) B B Springs Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PORTER GOLE STANBY			4. DATE OF DEATH Month Day Year MAY 31 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 OCT 23 1907
9. AGE (In years) 50 (If birthday) Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) PIKE CO. MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George W. Stanby	
13b. MOTHER'S MAIDEN NAME Johann Wilkies		14. NAME OF HUSBAND OR WIFE Daisy Gungolle	
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. NO	
17. INFORMANT MRS LESLIE HEARDERSON Address Gungolle		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Generalized Arterial Sclerosis DUE TO (c) 4221	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 June 30, 1956 to May 31, 1958 and last saw him alive on May 31, 1958 Death occurred at 4:30 P. m. on the date stated above; and to the best of my knowledge; from the causes stated.			
22a. SIGNATURE (Degree or title) Yancy B. Biggs, M.D.		22b. ADDRESS Bowling Green, Mo.	
22c. DATE SIGNED 6-1-58		23a. BIRTHPLACE (City and state or country) MO.	
23b. DATE OF BURIAL June 4 1958		23c. NAME OF CEMETERY OR CREMATORIAL LIL O AME	
24. FUNERAL DIRECTOR SPACE Bankhead ADDRESS Bowling Green, Mo. 6556		25. DATE RECD. BY LOCAL REG. 6-5-58	
26. REGISTRAR'S SIGNATURE Glee Robinson		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Harold C. Kinke*

Licensed Embalmer No. *4597*

P. O. Address *Banding St*

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.