JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-007465
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 18

ENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville
Length of stay in 1b 2½yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 E.14th St
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 304 E.14th St
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Will Middle: Last: Stanley
4. DATE OF DEATH Month: Feb. Day: 28 Year: 1960
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 8 1908
9. AGE (last birthday) 51
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Grassy Lake, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Stanley
13b. MOTHER'S MAIDEN NAME Manda Moore
14. NAME OF HUSBAND OR WIFE Gertrude Stanley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Gertrude Stanley Caruthersville, mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) FIBROSARCOMA OF RT TESTICLE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw him alive on 5-13-59
Death occurred at 1:50 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alan J. Rubin (Degree or title) MD
22b. ADDRESS Caruthersville, Mo
22c. DATE SIGNED 3-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 2, 1960
23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge
23d. LOCATION (City, town, or county) (State) Caruthersville Mo.
24. FUNERAL DIRECTOR H.S. Smith Funeral Home
ADDRESS Caruthersville, Mo.
25. DATE RECD. BY LOCAL REG. 3-4-1960
26. REGISTRAR'S SIGNATURE Jack W. Tipton
(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. Denver Pike

Signature of Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Carutherville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.