

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012182  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 132  
**FILED APR 2 1962**

VS 300  
Rev. 4/59

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12 90-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Pettis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 75 Years  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 820 West Broadway Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Pettis  
c. CITY OR TOWN Sedalia Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 820 West Broadway Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
MINNIE DEE STANLEY March 29, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11-12-1873 9. AGE (last birthday) 88  
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaker 11. BIRTHPLACE (City and state or country) Nevada, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Abraham Lamb 13b. MOTHER'S MAIDEN NAME Frances Meyers 14. NAME OF HUSBAND OR WIFE W. O. Stanley

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. none given 17. INFORMANT W. O. Stanley - 820 West Broadway-Sedalia Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cardiac Standstill INTERVAL BETWEEN ONSET AND DEATH Sudden  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Decompensation 20 months  
DUE TO (c) Arteriosclerotic Heart Disease 3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gout Arthritis with deformities 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 4 September 1958 to 29 March 1962 and last saw her alive on 12 March 1962  
Death occurred at 12:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Stanley D. Fisher M.D. 22b. ADDRESS 500 West 16<sup>th</sup> Sedalia, Missouri 22c. DATE SIGNED 30 March 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 31, 1962 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR Gillespie Funeral Home 25. DATE RECD. BY LOCAL REG. Mar 30, 1962 26. REGISTRAR'S SIGNATURE Frances Shelby

D.W. Heckart Sedalia, Missouri

USE BLACK INK OR TYPEWRITER RIBBON

JUN 6 1962

**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 John R. Janna, Jr.

Licensed Embalmer No. 5173

P. O. Address Adalia 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.