

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

74 -62-026667

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. Registrar's No.

FILED AUG 14 1962

1. PLACE OF DEATH

a. COUNTY Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN King City

Length of stay in 1b
7 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Barnes ~~County~~ Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gentry

c. CITY OR TOWN King City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Electa Althea Stanley

4. DATE OF DEATH Month Day Year
July 30 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2/1/82

9. AGE (last birthday) 80 yrs

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Bethany, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Francis Asselbery

13b. MOTHER'S MAIDEN NAME

Hanna Madora

14. NAME OF HUSBAND OR WIFE

R.M. 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. 500-36-1269

17. INFORMANT Address
Mrs. Harold E. Mertz, Tarkio, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Colon with metastasis to spine & liver

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Osteoarthritis extreme + wide

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 June 1925 to July 30, 1962 and last saw her alive on July 30, 1962
Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Frank A. Barnes, DO

22b. ADDRESS

King City Mo

22c. DATE SIGNED

7-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Aug 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Ridgeway, Missouri

23d. LOCATION (City, town, or county)

Ridgeway, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Roland D. Clark

King City Mo

25. DATE RECD. BY LOCAL REG.

8-5-62

26. REGISTRAR'S SIGNATURE

Mrs. A. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0380

2 0380

3

4 1

5 2

6

7 0

8 2

9 153.8

10

11

12 1-2

13 1-0

NOV 1 1962
NOV 27 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

Poland D. Clark

Licensed Embalmer No.

4477

P. O. Address

King City, 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.