

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32614

State File No. _____

LEO OCT 7 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 75

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| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY OR TOWN <u>Richmond</u> | | c. CITY OR TOWN <u>Richmond</u> | |
| c. LENGTH OF STAY (in this place) <u>65 years</u> | | d. STREET ADDRESS (If rural, give location) <u>220 South College</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 North Trenton</u> | | | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DOAN</u> b. (Middle) <u>Lee</u> c. (Last) <u>Stanley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 22, 1952</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>June 13, 1878</u> | | 9. AGE (In years last birthday) <u>74</u> | | 10. MONTHS <u>3</u> DAYS <u>9</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Work</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Willis Stanley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Thompson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grace Craven</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500-07-2761</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James Stanley</u> ADDRESS <u>Harris City, Missouri</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH |
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|------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: <u>4201</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00A.M., from the causes and on the date stated above.

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| 22. SIGNATURE <u>Dr. John T. Bebler</u> (Degree or title) | | 23b. ADDRESS <u>Richmond Mo</u> | | 23c. DATE SIGNED <u>9-29-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>October 2, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lumber Lots</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Sept 29-1952</u> | | REGISTRAR'S SIGNATURE <u>Mauel Jackson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest Life Funeral Home</u> ADDRESS <u>Richmond, Missouri</u> | |
|--|--|--|--|---|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1891
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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
Student Embalmer

Signed  _____

Licensed Embalmer No. 4566 _____

P. O. Address Richmond, Va. _____

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 this body is not embalmed, fact should be so stated above.