

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5870**

State File No. ....

**FILED MAR 8 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6422 Registrar's No. 16

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Richmond</u> ) c. LENGTH OF STAY (in this place) <u>2 wks.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles north of Richmond</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN <u>Millville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>No street address</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>NANNIE</u>	a. (First) _____ b. (Middle) <u>ELIZABETH</u> c. (Last) <u>STANLEY</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 28, 1955</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 6, 1881</u>	<b>9. AGE</b> (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Household duties</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Orrick, Mo.</u>
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<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	<b>13a. FATHER'S NAME</b> <u>Thomas J. Coleman</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Plinia Brizendine</u>
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<b>14. NAME OF HUSBAND OR WIFE</b> <u>T. M. Stanley</u>	<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>
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<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Sam Coleman, RFD, Richmond, Mo.</u>	<b>17. ADDRESS</b> <u>Sam Coleman, RFD, Richmond, Mo.</u>	<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured femur</u> DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u> <u>3 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 2/27, 1955 to 2/28, 1955 that I last saw the deceased alive on 2/27, 1955, and that death occurred at 4:10 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (In case of 11e) <u>D. E. Q. Kevorkian</u>	<b>23b. ADDRESS</b> <u>Richmond Mo.</u>	<b>23c. DATE SIGNED</b> <u>3/2/55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>March 2, 1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New Hope Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ray County, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>March 1, 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mabel Jackson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Levant Thurman</u>	<b>ADDRESS</b> <u>Richmond, Mo.</u>
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March 3

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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  
by me, ~~XXXXXX~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. 456

P. O. Address... Richmond,

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