

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-024263

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 26 1962	
1. PLACE OF DEATH a. COUNTY Ray	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township	Length of stay in 1b 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hosp	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 404 Sunset Blvd.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HERSCHEL D. STALEY	
4. DATE OF DEATH Month Day Year June 16, 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1879
9. AGE (last birthday) 83	
IF UNDER 1 YEAR Months Days Hours Min.	
IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired	
10b. KIND OF BUSINESS OR INDUSTRY General farming	
11. BIRTHPLACE (City and state or country) Gentry County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James David Staley	
13b. MOTHER'S MAIDEN NAME Rebecca Jane McGinnis	
14. NAME OF HUSBAND OR WIFE Stella Palmer Staley	
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	
17. INFORMANT Mrs. Stella Staley, Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>3-28-62</u> to <u>June 16-62</u> and last saw him alive on <u>June 16-62</u> Death occurred at <u>10:00 a.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Shaul T. Peter, M.D.</u>	
22b. ADDRESS <u>Richmond Mo</u>	
22c. DATE SIGNED <u>6-17-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 18, 1962	
23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens	
23d. LOCATION (City, town, or county) (State) Richmond, Mo.	
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.	
25. DATE RECD. BY LOCAL REG. 6-24-1962	
26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	

VS 300
Rev. 4/59

0890
0891

3

4 0

5 1

6

7 0

8 2

94201

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

