

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6513

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 5784

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Mississippi *Jas. Bayou Twp*

(b) City or town East Prairie *RFD #2*

(c) Name of hospital or institution: Community of Dorena *7*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 13 yrs in County years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi *17*

(c) City or town East Prairie, R#2 *0*  
(If outside city or town limits, write "RURAL")

(d) Street No. Dorena Community *0*  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Virgel Lee Staggs

3. (b) If veteran, name war World War #2

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male *0* 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ester Staggs

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased October 3, 1915  
(Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dell Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Arthur Stagg

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Warren

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Ester Staggs

(b) Address R#2 East Prairie, MO

17. (a) Burial (b) Date thereof 2/16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownville, Ky

18. (a) Signature of funeral director John P. Thumelle

(b) Address Charleston, MO

19. (a) 250-K6 (b) Bertrude H. Harper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th  
year 1946 hour 1:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Attended as Paraver  
that I last saw him alive \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Heart disease coupled with alcoholism

Due to Falling while intoxicated and unable to arise

Due to Exposure + Chilling

Underlying cause of death Very cold

Other conditions Body found after death had been buried several hours before. (Approx. 7 or 8 Hrs)

Major findings \_\_\_\_\_

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Accidental fall

(b) Date of occurrence 2/13/46 8:30 PM (approx)

(c) Where did injury occur? Dorena Miss MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No injury

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 5

23. Signature John P. Thumelle Bertrude H. Harper  
Address Charleston, MO Date signed 2-15-46

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

5471

197

RECEIVED

District Health Office No. 2

District File Number 346-2383

Date Filed 3/13/46

MAR 19 1948

OCT 23 1946

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John F. Minnielee Jr*

Licensed Embalmer No. 3851

P. O. Address.....

*Charleston*

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.