

FILED MAR 31 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8130

Do not use this space.

1. PLACE OF DEATH *usa*
- (a) County *usa* Registration District No. *59*
- (b) Township *1* Primary Registration District No. *4099*
- (c) City *Pleasant Hill, Mo.* (d) Street No. *40* (If death occurred in Hospital or Institution, write its name instead of street and number) St.
- (e) Length of residence in city or town where death occurred *Frances B. Staigg* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *314 N. Lake*
- (a) Residence, No. *314 N. Lake* St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>divorced</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Richard Staigg</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 29. 1896</i>		
7. AGE	YEARS <i>51</i>	MONTHS <i>2</i>
	DAYS <i>12</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>housekeeper</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <i>Jan. 1. 1948</i>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pleasant Hill, Mo</i>		

FATHER	13. NAME <i>Edwin L. Brown</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Aledo. Ill.</i>
MOTHER	15. MAIDEN NAME <i>Minnie Russell</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pleasant Hill, Missouri</i>

17. INFORMANT (ADDRESS)
Mrs Minnie Brown
314 N. Lake Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Pleasant Hill, Burial
DATE *3-15-48* 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
Allen Brownfield
Pleasant Hill, Mo

20. FILED *3-22* 1948 *Laura J. Jones*
Legl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *13 MARCH 1948*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. *W* alive on *13 MAR 1948*. Death is said to have occurred on the date stated above, at *12⁰⁰ noon*. The principal cause of death and related causes of importance were as follows:

1. *Acute Hemorrhagic Nephritis 12 YRS*

2. *CARDIAC DECOMPENSATION 1 YR*

2ndary to PNEUMATIC MYOCARDIUM AND PERICARDITIS.

3. *THROMBOPHLEBITIS, LEFT LEG 4 YR*

Other contributory causes of importance:

4. *CHRONIC CHOREA 40 YRS.*

Name of operation *NONE* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify _____

(Signed) *AWEBHEND* _____, M. D.
(Address) *Pleasant Hill, Mo*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 16605

100-3-1
1930

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.....

Glenn H. Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed.....

Alvin Bruns

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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, above space should be left blank.