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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25372

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 126

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain 4
(c) City or town: rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Laddonia 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Weldon C. Staples
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Helen Staples
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: Febr. 3, 1906 (Month) (Day) (Year)
8. AGE: Years 42 | Months 6 | Days 25 | If less than one day ___ hr. ___ min.
9. Birthplace: Mexico (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
MOTHER FATHER
12. Name: Charles L. Staples
13. Birthplace: Audrain County, Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Susan Canterbury
15. Birthplace: Audrain County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Weldon Staples
(b) Address: Laddonia, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Aug. 30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia Cemetery
18. (a) Signature of funeral director: Earl I. Pirtle
(b) Address: Mexico, Mo.
19. (a) 8/30/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 28
year: 1948 hour: 10 minute: 40 A.M.
21. I hereby certify that I attended the deceased from Au 9, 25, 1948, to Aug 28, 1948
that I last saw him alive on Aug 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Decompensation	3 day
Due to: Chronic Myocarditis	5 yrs
Due to: Old Chest Injury	12 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 3 D
Of autopsy: 4

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):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury: 2
23. Signature: R B Baize (M. D. or other) F.D.
Address: Laddonia Mo Date signed: 8/30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-15
Date Filed SEP 7 - 1948

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 Earl E. Pruitt

Licensed Embalmer No. 3289

P. O. Address Mexico, Mo.

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.