S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1949

Registration District No. 1 8 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4302

State File No. 40729

Registrar's No. 166

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chula
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 47 years

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

3. (a) PRINT FULL NAME: Elmer Stapleton
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary M Stapleton
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: August (Month) 11 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	10	....hr. ....min.

9. Birthplace: Union County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: .....
12. Name (Father): John W. Stapleton
13. Birthplace (Father): Not Known (City, town, or county) Indiana (State or foreign country)
14. Maiden name (Mother): Eliza J. Cawley
15. Birthplace (Mother): Roanoke (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant: Mary Stapleton
(b) Address: Chula, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Leopoli's
18. (a) Signature of funeral director: Ed Robertson Funeral Home
(b) Address: Chula.
19. (a) 12/21/48 (Date received local registrar) (b) Frances B. Neff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 21
year: 1948 hour: 5 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Sept 9, 1948 to Dec 21, 1948, that I last saw him alive on Dec 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other conditions: Arthritis (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Joseph F. Gale (M. D.)
Address: Chillicothe, Mo. Date signed: 12-21-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 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 John M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.