

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26669**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 760	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) D		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ba ptist Hospital				3. NAME OF DECEASED a. (First) Archie b. (Middle) Morris c. (Last) Stapp			
4. DATE OF DEATH (Month) (Day) (Year) Aug 22 1949		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 25 1870		9. AGE (In years last birthday) 79		if UNDER 1 YEAR (Month) (Day) 5 27		if UNDER 12 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Dade Co		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bill Stapp		13b. MOTHER'S MAIDEN NAME Margaret Valona Stapp		14. NAME OF HUSBAND OR WIFE Ella Stapp			
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'S SIGNATURE OR NAME ADDRESS Waldo Stapp Greenfield Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction Intestinal acute ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hernia strangulated inguinal DUE TO (c) Arteriosclerosis cerebral II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suppression of urine				INTERVAL BETWEEN ONSET AND DEATH 8/20/49 10 days 10 yrs 36 hrs	
19a. DATE OF OPERATION 8-21-49		19b. MAJOR FINDINGS OF OPERATION Incarcerated omentum in hernia sac				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5610			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 21, 1949 to Aug 22, 1949 , that I last saw the deceased alive on Aug 22, 1949 , and that death occurred at 10:45 m., from the causes and on the date stated above.							
23a. SIGNATURE Robert Glynn (Degree or title) MD				23b. ADDRESS Greenfield		23c. DATE SIGNED 8/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-24-49		24c. NAME OF CEMETERY OR CREMATORY Pennsboro		24d. LOCATION (City, town, or county) (State) Dade Co Mo	
DATE REC'D BY LOCAL REG 8-24-49		REGISTRAR'S SIGNATURE W.R. Allison		25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison		ADDRESS Greenfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.