

FILED MAY 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16261

State File No.

280
1

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

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>4151</u>		Registrar's No. <u>18</u>		
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>STEELYVILLE</u>		c. LENGTH OF STAY (in this place) <u>20 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>STEELYVILLE</u>		0280		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUSTIN</u> b. (Middle) <u>L.</u> c. (Last) <u>STAPLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-8-1950.</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-20-1873</u>		
9. AGE (10 years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u>18</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>BERRYMAN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAM STAPLES</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET STONE</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE STAPLES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EFFIE STAPLES</u> ADDRESS <u>STEELYVILLE, MISSOURI</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Arthritis Salivary</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>July 1, 1944</u> , to <u>5-8, 1950</u> , that I last saw the deceased alive on <u>5-8, 1950</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. L. Parker</u>			(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Steelyville Mo</u>		23c. DATE SIGNED <u>5-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BERRYMAN Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>BERRYMAN, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-23-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>76</u>		ADDRESS <u>THOMAS S. HALBERT-STEELYVILLE, Mo.</u>		

RECEIVED 5-24-50
District Health Officer No. 5,
District File Number 050316
Date Filed 5-24-50

MAY 26 1950

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.

Student _____
Student Embalmer

Signed Thomas S. Heberk

Licensed Embalmer No. 4532

P. O. Address Stetwell, 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.