

FILED JUL 14 1950

STANDARD CERTIFICATE OF DEATH

20884

State File No.

0612
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BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (In this place) <u>2 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>N. Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1950</u>	
a. (First)		b. (Middle) <u>Staplin</u>	
c. (Last)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 24, 1873</u>
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Twinner</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Winnig</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Staplin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Andrew Twinner</u>		ADDRESS <u>Macon Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intertrochanteric Fracture</u> ANTECEDENT CAUSES <u>RT Hip</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall</u> DUE TO (c) <u>29000001</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension Ubi Cerebral Hemorrhage</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>14 Days</u>		<u>14 Days</u>	
19a. DATE OF OPERATION <u>6-6-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Reduction & more Blunt Pin Fixation R Hip</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Macon Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-25-50 11 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Butch slipped & Patent fell to floor</u>			
22. I hereby certify that I attended the deceased from <u>1-7, 1950</u> , to <u>6-8, 1950</u> , that I last saw the deceased alive on <u>6-8, 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Macon Mo</u>	
23c. DATE SIGNED <u>6-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/11/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Macon Mo</u>	

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

RECEIVED 7-10-50
MACON COUNTY HEALTH DEPARTMENT
County File No.7:50:138..
Date Filed.....7:12:50.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clifford S. Krumm*

Licensed Embalmer No. *75-1*

P. O. Address *Macon Ga*

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.