No. 300
10.48

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

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22433

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6693 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marshall, Township
c. LENGTH OF STAY (in this place): 12yr. 1mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadwood 0940
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Jasper
b. (Middle): Henry
c. (Last): Stapp

4. DATE OF DEATH (Month) (Day) (Year): June 7 - 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: June 15 - 1920
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patient
10b. KIND OF BUSINESS OR INDUSTRY: Patient
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bert A. Stapp
13b. MOTHER'S MAIDEN NAME: Daisy Gitton
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Missouri State School, Marshall

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) Epilepsy — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none

DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

3533

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1947, *to* June 7, 1950, *that I last saw the deceased alive on* June 7, 1950, *and that death occurred at* 5:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Davidson D.O.
23b. ADDRESS: Marshall Mo. State School
23c. DATE SIGNED: 6-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9 1950
24c. NAME OF CEMETERY OR CREMATORY: Bismark Masonic Cemetery
24d. LOCATION (City, town, or county) (State): St. Francis County Mo.

DATE REC'D BY LOCAL REG.: June 8-1950
REGISTRAR'S SIGNATURE: Sidney T. Gray 0 — 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell & Lewis Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12
District Health Officer No. 8,
District File Number.....
Date Filed 7-5-50

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~~.....
....., Student Embalmer No. .....,
working under my personal supervision.

Signed James H. Lewis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.