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

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4547

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5457 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cave Springs, Mo
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cass Township 0390
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph Albert
b. (Middle):
c. (Last): Staley

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1951

5. SEX: male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 30, 1875

9. AGE (In years last birthday): 75
If under 1 year: Months 3 Days 26
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greene County, Missouri 10

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Weldon Staley

13b. MOTHER'S MAIDEN NAME: Angeline Evans

14. NAME OF HUSBAND OR WIFE: Mae Biggs Staley

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.:

17. INFORMANT'S SIGNATURE OR NAME: Mrs Mae Biggs Staley
ADDRESS:

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) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) — 592x

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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* Feb 15, 1951, *to* Feb 26, 1951, *that I last saw the deceased alive on* Feb 26 1951, *and that death occurred at* 5.00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Dehzell M.D.

23b. ADDRESS: 406 McDaniel Springfield Mo

23c. DATE SIGNED: Feb 28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 28th, 1951

24c. NAME OF CEMETERY OR CREMATORY: Wesley's

24d. LOCATION (City, town, or county) (State): Willard, Missouri

DATE REC'D BY LOCAL REG.: 3/3/51

REGISTRAR'S SIGNATURE: Irene H. Wilson 104

25. FUNERAL DIRECTOR'S SIGNATURE: Greenwade Funeral Home, Willard
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 51-3-126
Date Filed 3-5-51

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 Carl J. Glenn
Licensed Embalmer No. 4707
P. O. Address Springfield, 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.