

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

11662

State File No. ....

FILED APR 16 1951

S. No. 300  
V. 10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">DeKalb</p>	
c. LENGTH OF STAY (in this place) <p align="center">17 days</p>		d. STREET ADDRESS (If rural, give location) <p align="center">/</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Missouri Methodist Hospital</p>			

3. NAME OF DECEASED (Type or Print)	a. (First) <p align="center">Martha</p>	b. (Middle) <p align="center">Agnes</p>	c. (Last) <p align="center">Staton</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">April 5 1951</p>
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5. SEX <p align="center">female</p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">married</p>	8. DATE OF BIRTH <p align="center">August 17, 1869</p>	9. AGE (In years last birthday) <p align="center">81</p>	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">own home</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Near Albany, Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>
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13a. FATHER'S NAME <p align="center">James H. Gillespie</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Catherine Thompson</p>	14. NAME OF HUSBAND OR WIFE <p align="center">C. C. Staton</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mr. C. C. Staton</p>	ADDRESS <p align="center">DeKalb, Missouri</p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center">12 HOURS</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">FRACTURE OF HIP</p>		
	*ANTECEDENT CAUSES <p align="center">Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) <u>ARTERIOSCLEROSIS, GENERAL - SEVERE</u> ?</p> <p align="center">DUE TO (c) _____ ?</p>		<p align="center">?</p>
II. OTHER SIGNIFICANT CONDITIONS <p align="center">Conditions contributing to the death but not related to the disease or condition causing death.</p>			<p align="center">9030 21</p>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <p align="center">Accident</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p align="center">home</p>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">DeKalb, Missouri (Buchanan Co.)</p>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p align="center">3/19/51</p>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <p align="center">FELL AT HOME</p>
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22. I hereby certify that I attended the deceased from 3/19/51, 1951, to 4/5/51, 1951, that I last saw the deceased alive on 4/4/51, 1951, and that death occurred at 3:45A. m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center"><i>H. W. Barle</i></p>	(Degree or title) <p align="center">H. W.</p>	23b. ADDRESS <p align="center">706 FRANCIS, ST. JOSEPH, Mo.</p>	23c. DATE SIGNED <p align="center">4/6/51</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">burial (1)</p>	24b. DATE <p align="center">4/6/51</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Westlawn Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">DeKalb Missouri</p>
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DATE REC'D BY LOCAL REG. <p align="center">April 12, 1951</p>	REGISTRAR'S SIGNATURE <p align="center"><i>Carl C. Staton</i></p>	446	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><i>Walter Bowman</i></p>	ADDRESS <p align="center">Funeral Home, St. Joseph, Mo.</p>
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(Licensed Embellisher's Statement on Reverse Side)

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

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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.....

*Eugene Wood*

Signed.....

Student Embalmer

Licensed Embalmer No. *5804*

P. O. Address *314 50th St. Joseph,*

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.