

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15377

State File No.

FILED MAY 14 1951

BIRTH NO. REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6219 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Drywood		c. LENGTH OF STAY (in this place) 1 yr	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Drywood		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 5 miles west of Sheldon	

3. NAME OF DECEASED (Type or Print)	a. (First) EDMOND	b. (Middle) A	c. (Last) STAFFEN	4. DATE OF DEATH (Month) (Day) (Year) April 26 51
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9 28 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Bond Co. Illinois	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME John Staffen	13b. MOTHER'S MAIDEN NAME Eliza Kabler	14. NAME OF HUSBAND OR WIFE Alice M Daugherty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Ermule Staffen Sheldon	ADDRESS Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		Instantly
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina Pectoris DUE TO (c) Coronary Sclerosis		3 yrs. 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart disease & Cerebral sclerosis		3 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42 N	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 9, 1947 to Apr. 24, 1951; that I last saw the deceased alive on Apr. 24, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. H. Kuehlend, D.O.	23b. ADDRESS Liberal Mo.	23c. DATE SIGNED 5-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 28	24c. NAME OF CEMETERY OR CREMATORY Sheldon	24d. LOCATION (City, town, or county) (State) Sheldon, Mo.
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DATE REC'D BY LOCAL REG. May 4 1951	REGISTRAR'S SIGNATURE Mrs. Ruth Faith	25. FUNERAL DIRECTOR'S SIGNATURE L. B. ...	ADDRESS Sheldon Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED MAY 10 1951

Dist. File 221-9145

Date Filed 5-10-51

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 L. Gerald Beery

Licensed Embalmer No. 7203

P. O. Address Shelton Md.

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.