

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17653

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly 0383</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 So Clark St.</u>		d. STREET ADDRESS (If rural, give location) <u>112 So Clark 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>C.</u> c. (Last) <u>Staiger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8th 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 22nd 1876</u>
9. AGE (In years) last birthday <u>75</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>16</u>	11. UNDER 1 WEEK Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter, Rtd</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Charles Staiger</u>	
13b. MOTHER'S MAIDEN NAME <u>House Klink</u>		14. NAME OF HUSBAND OR WIFE <u>Cora</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L.C. Staiger</u>		ADDRESS <u>Moberly Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Occlusion</u> <u>4 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>antennoretinitis</u> <u>unknown</u>	
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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>April 9, 1951</u> , to <u>May 8, 1951</u> , that I last saw the deceased alive on <u>May 8, 1951</u> and that death occurred at <u>2:48 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Clarence Clebs. M.D.</u>		23b. ADDRESS <u>300 W. Reed, Moberly, Mo.</u>	
23c. DATE SIGNED <u>May 10 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 10 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u>	
DATE REC'D BY LOCAL REG. <u>May 10-51</u>		REGISTRAR'S SIGNATURE <u>Leah Williams Lowe</u>	
ADDRESS <u>Moberly Mo</u>			

288 3
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 Read for funeral
 Write plainly—using UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **MAY 2 1 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-942*
Date Filed: **MAY 2 2 1951**

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

Frank S. DeWitt

Licensed Embalmer No. *3021*

P. O. Address *Moberly, 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.