

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27478

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Johnson 0512		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg, 0512	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 212 E. Sparks, 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center			

3. NAME OF DECEASED (Type or Print) a. (First) William Edgar Staley,	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2nd. 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27th 1869	9. AGE (In years last birthday) 82	10. KIND OF BUSINESS OR INDUSTRY Retired R.R. Inspector	11. BIRTHPLACE (State or foreign country) Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Staley	13b. MOTHER'S MAIDEN NAME Sarah Staley	14. NAME OF HUSBAND OR WIFE Mattie Staley
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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) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Staley, Warrensburg, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Dis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)		
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 443x	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) Warrensburg (COUNTY) Warrensburg (STATE) Mo.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 7-22 1951, to 9-2 1951, that I last saw the deceased alive on 9-2 1951 and that death occurred at 8P m., from the causes and on the date stated above.

23a. SIGNATURE Charles M. Lerner, M.D.	(Degree or title)	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 9-4-51
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 9-5-1951	24c. NAME OF CEMETERY OR CREMATORY Sun Set Hill Cemetery	24d. LOCATION (City, town, or county) Warrensburg, Missouri (State)
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DATE REC'D BY LOCAL REG. Sept. 4, 1951	REGISTRAR'S SIGNATURE Savannah A. Whitefield	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Bruminger	ADDRESS Warrensburg, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 12 1951

JOHNSON COUNTY HEALTH DEPT.

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.....

Licensed Embalmer No. 3377

P. O. Address N. W.

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.