

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36458

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1170

1. PLACE OF DEATH  
 a. COUNTY Buchanan  
 b. CITY (If outside corporate limits, write RURAL and give town(ship))  
 OR TOWN St. Joseph  
 c. LENGTH OF STAY (In this place) 50 Yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
914 No. 3rd  
Winscott Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Buchanan  
 c. CITY (If outside corporate limits, write RURAL and give town(ship))  
 OR TOWN St. Joseph 0117  
 d. STREET ADDRESS (If rural, give location)  
914 North 3rd 0

3. NAME OF DECEASED  
 a. (First) John ~~XXXXXX~~ b. (Middle) \_\_\_\_\_ c. (Last) Stagner  
 4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 11, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed 8. DATE OF BIRTH 1858 9. AGE (In years last birthday) 93  
 IF UNDER 1 YEAR Months Days 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 Farming 11. BIRTHPLACE (State or foreign country) Albany, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Not Known 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Nursing Home Records ADDRESS 914 No. 3rd

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.  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerotic Heart Disease  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH  
1 week  
Unknown

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4200 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) \_\_\_\_\_ 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 7-3, 1946, to 11-11, 1951, that I last saw the deceased alive on 11-6, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE Carl C. Casper (Degree or title) \_\_\_\_\_ 23b. ADDRESS Kirkpatrick Building, St. Joseph, Missouri 23c. DATE SIGNED 11-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-14-51 24c. NAME OF CEMETERY OR CREMATORY Mount Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Nov. 16, 1951 REGISTRAR'S SIGNATURE Carl C. Casper 25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Zidenfaden ADDRESS 1802 Union St.

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

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Robert H. Gable*

Signed.....

Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.