

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

State File No. **11918**

No. 300
10-48

FILED MAY 13 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>		0043
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN CO HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>329 S MISSOURI AVE</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>JOE</u> c. (Last) <u>STAPLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 - 1952</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept 28 - 1922</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>MEXICO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>JOE STAPLES</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. J. Ross</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Staples</u>	ADDRESS <u>MEXICO MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Lymphatic Leukemia</u>		
	DUE TO (c) _____		
	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>2040</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 April 28, 1952, to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 5:45 am., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold D. Sanford M.D.</u>	23b. ADDRESS <u>Mexico Mo.</u>	23c. DATE SIGNED <u>May 10 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLMWOOD Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO</u>
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DATE REC'D BY LOCAL REG. <u>May-10-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHAS ARNOLD JR</u>	ADDRESS <u>MEXICO MO.</u>
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(Issued Embalmers' Statement on Reverse Side)

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.

Student
Student Embalmer

Signed *Richard Y. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Superior 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.