

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12194**

Stauffer
DECEASED MAY 12 1952

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 4061		Registrar's No. 17							
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		c. LENGTH OF STAY (in this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		0130							
d. FULL NAME OF HOSPITAL OR INSTITUTION city limits				d. STREET ADDRESS (If rural, give location) city limits									
3. NAME OF DECEASED (Type or Print) a. (First) CLARENA			b. (Middle)		c. (Last) STAUFFER		4. DATE OF DEATH (Month) (Day) (Year) 4/6/1952						
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 31, 1869		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 10 Days 6		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY housekeeper		11. BIRTHPLACE (State or foreign country) Licking Co., Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Joseph Wells				13b. MOTHER'S MAIDEN NAME Mary Rickley				14. NAME OF HUSBAND OR WIFE Eugene Stauffer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Smiley Braymer, M							
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Aplastic Anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 30 minutes 10 yrs 6 mos.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201						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) _____		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 Nov. 2, 1951 , to April 6, 1952 , that I last saw the deceased alive on April 6, 1952 , and that death occurred at 8:15 P.M. , from the causes and on the date stated above.													
23a. SIGNATURE John R. Crank, D.D. (Degree or title)						23b. ADDRESS Braymer, Mo.			23c. DATE SIGNED 4-14-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/8/1952		24c. NAME OF CEMETERY OR CREMATORY Plymouth Cemetery		24d. LOCATION (City, town, or county) Braymer Mo. (State) _____							
DATE REC'D BY LOCAL REG. 5-8-52		REGISTRAR'S SIGNATURE Mrs. Nell B Jones		373-118 GENERAL DIRECTOR'S SIGNATURE Amos, Michael - Braymer, Mo.		ADDRESS _____							

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 ~~_____~~

~~Student Embalmer No. _____~~

~~working under my personal supervision.~~

~~Student _____~~

~~Student Embalmer~~

Signed

Genl. Michael

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.