

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31884

State File No. _____

3935

FILED SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3935</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence 1485</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1721 Harvard St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>Staples</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1952</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>July 22, 1880</u>	9. AGE (In years last birthday) <u>72</u>	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) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LaMont, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph F. Staples</u>			13b. MOTHER'S MAIDEN NAME <u>Sara Leona Roatsong</u>		14. NAME OF HUSBAND OR WIFE <u>Nell C. Staples</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nell C. Staples, Independence, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma</u> ANTECEDENT CAUSES (b) <u>Primary carcinoma sigmoid/Bud</u> DUE TO (b) <u>Primary carcinoma sigmoid/Bud</u> DUE TO (c) <u>Coronary atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) <u>153X</u>			
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 <u>8:30</u> , 19 <u>52</u> , to <u>9-4-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-4-</u> , 19 <u>52</u> , and that death occurred at <u>12:29A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Michael Berninger M.D.</u> (Degree or title)				23b. ADDRESS <u>436 Independence Hwy</u>		23c. DATE SIGNED <u>9/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaMont Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMont, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Tom Hays
Capt. Betty

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 Tom D. Markland

Licensed Embalmer No. 4529

P. O. Address Indep. 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.