

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2166**

FILED FEB 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Mc Donald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mc Donald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL ANDERSON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL ANDERSON</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3 1/2 miles N.W. Anderson Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>			
3. NAME OF DECEASED a. (First) <b>Jessie</b>		b. (Middle) <b>Kenvon</b>	
		c. (Last) <b>Staib</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 27 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-6-1896</b>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>56 6 19</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Elswick</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MARGRET MAY</b>	
14. NAME OF HUSBAND OR WIFE <b>John H. Staib</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John H. Staib, Anderson Mo.</b>		ADDRESS <b>Rt #1</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b> ANTECEDENT CAUSES <b>Influenza</b> DUE TO (b) _____ 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 <b>4808</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>Jan 21, 1953</b> , to <b>Jan 27, 1953</b> , that I last saw the deceased alive on <b>Jan 27, 1953</b> , and that death occurred at <b>8 P.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>L. B. Brook</b>		23b. ADDRESS <b>114 W. Anderson, Mo. 1-30-53</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-30-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hazel Green Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Franklin Mo, RT #1</b>	
DATE REC'D BY LOCAL REG. <b>1-31-53</b>		REGISTRAR'S SIGNATURE <b>423 Mary Humphrey</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Morris Jones</b>		ADDRESS <b>Whitaker, Mo.</b>	

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

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(Licensed Embalmer) Statement on Reverse Side

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 *James Kenneth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.