

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6781**
Registrar's No. **23**

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040**

05920

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

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILLICOTHE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Avalon RFD	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) 2 miles east Avalon.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Childicothe Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) PIERCE c. (Last) STAGNER			4. DATE OF DEATH (Month) (Day) (Year) February 18, 1953
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 18, 1883
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 10	IF UNDER 11 HRS. Hours X Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Utica, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Andrew Newell,		13b. MOTHER'S MAIDEN NAME Rose Anderson	14. NAME OF HUSBAND OR WIFE Thomas J. Stagner,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Henry Groves, Tina, Mo.
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 Days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Pneumonia 11 Days DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 492X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	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 Feb 3 , 1953, to Feb 18 , 1953, that I last saw the deceased alive on Feb 18 , 1953 and that death occurred at 6:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. Collier M.D. (Degree or title)		23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED Feb-19-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 20, 1953	24c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery	24d. LOCATION (City, town, or county) (State) Avalon, Missouri
DATE REC'D BY LOCAL REG. 2-19-53	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.	

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 _____

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.