

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36725

State File No.

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5765 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guthrie</u>		c. LENGTH OF STAY (In this place) <u>32 yrs</u>	c. CITY OR TOWN <u>Guthrie</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN TOWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>0140</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Curtis</u>	b. (Middle)	c. (Last) <u>Staton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 54</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>married</u>	8. DATE OF BIRTH <u>Dec 12-1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor Missouri</u>	12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oliver W. Staton</u>	13b. MOTHER'S MAIDEN NAME <u>Liena Briggs</u>	14. NAME OF HUSBAND OR WIFE <u>Nannie E. Staton</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>X709-12-1389</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nannie E. Staton</u>	ADDRESS <u>Guthrie 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arterio Sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4500</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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1952, to Nov 30, 1954, that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Emilio Runk</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>Dec 3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Close Tabernashville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 30 54</u>	REGISTRAR'S SIGNATURE <u>L. J. Clayton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Clayton</u>	ADDRESS <u>New Bloomfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 19 1922

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.....
Signature of Student Embalmer

Signed *Le Roy Claypool*
Licensed Embalmer No. *441*
P. O. Address *New Bloom*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**