

FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38156

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5842</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL <u>Danston</u></b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEAR RACINE</b>				e. STREET ADDRESS (If rural, give location) <b>2121 VIRGINIA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>STEPHEN</b>		b. (Middle) <b>WINBURN</b>		c. (Last) <b>DAGLEY, JR.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 27, 1954</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>NOV. 3, 1922</b>	
9. AGE (In years last birthday) <b>32</b>		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) <b>OWNER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FIX-IT SHOP</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>STEPHEN W. DAGLEY, SR.</b>			13b. MOTHER'S MAIDEN NAME <b>LULU ANN HORNADAY</b>			14. NAME OF HUSBAND OR WIFE <b>EYELENE DAGLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EYELENE DAGLEY, 2121 VIRGINIA, JOPLIN</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) <u>blow shot wound</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. <b>E9191 19</b>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>train</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Newton, Mo.</u> (STATE) <u>073</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-27-54 10 P. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hunting accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>11-29, 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert L. ...</u> (Degree or title) _____				23b. ADDRESS <u>Newton, Mo.</u>		23c. DATE SIGNED <u>12-1-54</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-4-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

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

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**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1254-252

Date Filed DEC 9 1954

NEOSHO, MISSOURI

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 F. M. Jones

Licensed Embalmer No. 2311

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.