

FILED DEC 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42268**

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>5831</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>7 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>STARK CITY RFD.#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST FRANKLIN TWP</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>LANNY</u>		c. (Last) <u>STAGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 4. 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>DEC. 22, 1940</u>	
9. AGE (In years last birthday) <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE INVALID</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STELLA MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		13a. FATHER'S NAME <u>ROBERT STAGGS</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA GRAHAM.</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT STAGGS STARK CITY R#1</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>decompensated cor pulmonale with circulatory failure</u> ANTECEDENT CAUSES <u>Bullous emphysema with spontaneous pneumothorax</u> DUE TO (b) _____ DUE TO (c) <u>Bronchial asthma</u> II. OTHER SIGNIFICANT CONDITIONS <u>241.X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 weeks</u> <u>over 3 months</u>	
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., to 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 <u>Nov. 6, 1956</u> , to <u>Dec. 4, 1956</u> , that I last saw the deceased alive on <u>Dec. 3, 1956</u> , and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas O. Dyer D.O.</u>				23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>12/8/56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-13-1956</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orley Thompson & Neasha Nea</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton

District File Number 1256-213

Date Filed DEC 17 1956

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 Corey Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.