

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004959
State File No.

FILED FEB 17 1958

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1831 South 25th St.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>	b. (Middle)	c. (Last) <u>Staley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1958</u>
---	-------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Nov. 23 1884</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---	-----------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Paris, Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Henry Bannister</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Earl P. Staley</u>
---	--	---

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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marian L. Messner, So. Omaha, Nebr.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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) <u>4201</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 3:30 A.M. Feb 12, 1958, to 4:30 P.M. Feb 12, 1958, that I last saw the deceased alive on 2/12, 1958, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Sheppard Fowler M.D.</u>	23b. ADDRESS <u>Maryville Mo.</u>	23c. DATE SIGNED <u>2/12/58</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 13 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln, Nebraska</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-13-58</u>	REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pilcher Funeral Home Maryville Mo.</u>
---	--	--

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

MAR 7 1958

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed


S.T. Pilcher
Licensed Embalmer No. 3960

P. O. Address Maysville 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.