

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000543  
STATE FILE NUMBER

FILED JAN 16 1959

Registration District No. 58 Primary Registration District No. 5-2-14 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <i>Carter</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Carter</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Ellsmore</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Ellsmore</i> 3186
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>own home</i>		Length of stay in 1b <i>5 years</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Bessie</i> First <i>Maud</i> Middle <i>Stapler</i> Last		4. DATE OF DEATH <i>Jan 11 59</i> Month Day Year	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 21 1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>72</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City, and state or country) <i>Smithfield Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William M. James</i>		14. MOTHER'S MARDEN NAME <i>Lavinia Alice Reese</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>480-03-29448</i>	17. INFORMANT Address <i>Frank X Stapler Ellsmore</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Colon Metastases</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Pericarditis Aneurysm</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>12/3/58</i> , to <i>12/13/58</i> and last saw <sup>her</sup> him alive on _____ Death occurred at <i>2:00</i> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank X Stapler</i>		22b. ADDRESS <i>Poplar Bluff Mo</i>	22c. DATE SIGNED <i>1-14-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan 13 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Van Buren</i>	23d. LOCATION (City, town, or county) (State) <i>Van Buren Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Keaton Pearl Van Buren</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 14 - 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs Oeta Henson</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Seaton Pruitt*

Licensed Embalmer No *222*

P. O. Address *Van B*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.