

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010549
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 43

300
1-57

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND SWAMP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HARDIN c 898 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY COUNTY MEMORIAL HOSP. 1 day		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print) First Martha Middle Last Stapp			4. DATE OF DEATH Month JANUARY Day 13 Year 1959		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 15, 1878	9. AGE (In years last birthday) 81	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LAFAYETTE Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOSEPH H. STAPP	13b. MOTHER'S MAIDEN NAME SUSAN BELLIS	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT BETTY STAPP - KANSAS CITY, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 30 hrs.
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis, generalized, with	331X	unknown
	DUE TO (c) Hypertension		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic intestinal Hemorrhage - cause undetermined		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from March 18, 1959 to March 19, 1959 and last saw ^{her} him alive on March 18, 1959 Death occurred at 8:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE H. N. Johnson M.D. (Degree or title)	22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 3/19/59
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 3-21-59	23c. NAME OF CEMETERY OR CREMATORY LAVEROCK Cem.	23d. LOCATION (City, town, or county) (State) RAY COUNTY Mo.
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24. FUNERAL DIRECTOR Krisch and Borchering - HARDIN, Mo.	25. DATE RECD. BY LOCAL REG. 3-20-1959	26. REGISTRAR'S SIGNATURE Maluel Jackson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 8 1959

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 *August Buchheit*

Licensed Embalmer No. *4678*

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