

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014421  
STATE FILE NUMBER

FILED APR 30 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 24

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTE CITY</b>		c. CITY OR TOWN <b>PLATTE CITY</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home.</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>Life.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>FLORENCE MEADS STAPP</b>			4. DATE OF DEATH Month Day Year <b>APRIL 12, 1959</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W.H.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 8, 1885</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>ASST. BANK CASHIER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BANKING</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY MEADS</b>	13b. MOTHER'S MAIDEN NAME <b>MYRA MAXFIELD</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN L. STAPP</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-01-8939</b>	17. INFORMANT Address <b>VICTORIA DUNCAN, ST. JOSEPH, MO.</b>
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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) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
DUE TO (b) <b>Mo So lto R.</b>		
DUE TO (c) <b>Hypertension</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from <b>1947</b> to <b>1959</b> and last saw her alive on <b>4/11/59</b> Death occurred at <b>9 P.M. 4/12/59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>H. Graham Pinkham</b>	22b. ADDRESS <b>Platte City, Mo.</b>	22c. DATE SIGNED <b>4/15/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-15-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PLATTE CITY CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>PLATTE CITY, MO.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>ROLLINS &amp; MITCHELL, PLATTE CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>4.16.1959</b>	26. REGISTRAR'S SIGNATURE <b>Uphiea Rollins</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

8281 82 NCT



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 *Roland M. Giffey* .....

Licensed Embalmer No. *4725* .....

P. O. Address *Platte City, 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.