

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033945
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6063 Registrar's No. 41

AMENDED **F** LED SEP 26 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>rural Doyal</u>		c. CITY OR TOWN <u>Nevada</u>	
Length of stay in 1b <u>3 Hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>1102 S. Cedar</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kiepas Lake</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ermul</u> Middle <u>Edmond</u> Last <u>Staffen</u>		4. DATE OF DEATH Month <u>August</u> Day <u>26</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/28/03</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTHPLACE (City and state or country) <u>Pittsburg, Kan.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		9. AGE (last birthday) <u>58</u>	
13a. FATHER'S NAME <u>Edmond Staffen</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Daugherty</u>	
14. NAME OF HUSBAND OR WIFE <u>Willalu Staffen</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> <u>X</u> <u>X</u> <u>X</u>	
17. INFORMANT <u>Willalu Staffen, Nevada, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u>
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. _____ p.m. Month, Day, Year _____	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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>12:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Samuel Francis Coover</u>		22b. ADDRESS <u>Osceola Mo</u>	
22c. DATE SIGNED <u>8/29/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/29/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	23d. LOCATION (City, town, or county) (State) <u>Sheldon, Mo.</u>
24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 15-61</u>	26. REGISTRAR'S SIGNATURE <u>Paul H. Seewers</u>

VS SEP 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____ by me,

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd C. McLean

Licensed Embalmer No. 483

P. O. Address Florida

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

comply