

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

43516
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 378
 (b) Township _____ Primary Registration District No. 4222
 (c) City Fayette, (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Marion Stapleton,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/ 1st 1858		
7. AGE YEARS 81	MONTHS 7	DAYS & 7
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home.		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,		
13. NAME William Ray.		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,		
15. MAIDEN NAME Harriett Redd.		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,		
17. INFORMANT (ADDRESS) Hattie Stapleton, Fayette, Mo.		
18. BURIAL, CREMATION, OR DISPOSAL PLACE City Cemetary, DATE 12/ 9th 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley, Fayette, Mo.		
20. FILED Jan. 5 1940 T. C. Bonham Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-8th 1939, 19**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 27, 1939, to Dec. 8, 1939**

I last saw him alive on **12-8, 1939.** Death is said to have occurred on the date stated above, at **6:55 A.M.**

The principal cause of death and related causes of importance were as follows:

Left heart failure with pulmonary edema Date of onset **11-27-39**

Other contributory causes of importance: **Chronic myocarditis + coronary sclerosis** **1937**

Name of operation **none** Date of _____

What test confirmed diagnosis? **E.K.G.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____, M. D.
 (Signed) **Wm J. Shaw**
 (Address) **Fayette, Mo.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 111/40
the Filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.