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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36656

FILED DEC 9 1942

Registration District No. 38 — Primary Registration District No. 3006-5120 — Registrar's No. 252

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard

(c) City or town: Fayette, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: So. addition (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: CASH STAPLETON

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: single

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: April (Month) 7 (Day) 1883 (Year)

8. AGE: Years 59 Months 6 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county): Missouri (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: laborer

MOTHER FATHER

12. Name: Robert Stapleton

13. Birthplace (City, town, or county): Missouri (State or foreign country)

14. Maiden name: Millie Stapleton

15. Birthplace (City, town, or county): Missouri (State or foreign country)

16. (a) Informant: Hospital Records

(b) Address: Columbia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Fayette, Mo.

18. (a) Signature of funeral director: Fred T. Parker

(b) Address: Columbia Mo.

19. (a) 11-12-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov 2 1942 to Nov 5 1942 that I last saw him alive on 11/5/42 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Esophagus — Duration: ?

Due to: with metastases to

Due to: Cervical Lymph nodes

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 4 6a

Of autopsy: see above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: —

23. Signature: J. Ackerman (M. D. or other) MD

Address: Cancer Hospital Columbia Date signed 11/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 Glenn D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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 this body is not embalmed, fact should be so stated above.