

FILED AUG 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27482

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

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Haw Creek Twp. n. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Haw Creek Twp.</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 M. N. W. Versailles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 M. N. W. Versailles</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 M. N. W. Versailles</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edmund</u>		b. (Middle) _____ c. (Last) <u>Staley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 15, 1872</u>
9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edmund Staley</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Purvis</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>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Staley Versailles, Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Haw Creek Morgan Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Burch L. Medina Morgan County Coroner</u> (Degree or title)		23b. ADDRESS <u>Versailles Mo.</u>	23c. DATE SIGNED <u>9-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug. 11th 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Hedrick</u> ADDRESS <u>Versailles, Mo.</u>	

RECEIVED
District Health Officer No. _____
District File Number 7-49-82
Date Filed 8-15-49

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
Student Embalmer

Signed Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.