

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9898

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Bolivar</u>		c. CITY OR TOWN <u>Bolivar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 N. Union</u>		d. STREET ADDRESS (If rural, give location) <u>906 N. Union</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Hanson</u> c. (Last) <u>Staudley</u>		4. DATE OF DEATH <u>Mar. 17, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 31, 1882</u>
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>4</u> DAYS <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Polk County Missouri, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lafayette Staudley</u>		13b. MOTHER'S MAIDEN NAME <u>Polly J. Morris</u>	
14. NAME OF HUSBAND OR WIFE <u>Arleana Staudley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Couder</u>		ADDRESS <u>Bolivar, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompenated Cor Pulmonale</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chronic Pulmonary Emphysema</u> DUE TO (c) <u>Chronic Bronchial Asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis; Duodenal Ulcer</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1940</u> to <u>3-17</u> , 1950, that I last saw the deceased alive on <u>3-17</u> , 1950, and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Gumbert</u> (Degree or title)		23b. ADDRESS <u>Bolivar, Mo.</u>	
23c. DATE SIGNED <u>3-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 19 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Bolivar, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 25, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Jewell Brown and Blue Bolivar, Mo.</u>		ADDRESS <u>253 1/2</u>	

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

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RECEIVED
District Health Officer No. 71
District File Number 2-50-30
Date Filed 3-27-50

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 *Chy Jester*
Licensed Embalmer No. 4154
P. O. Address Bolivar, 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.