FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22677

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 3001 Registrar's No. 17

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Union Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Curryville 820
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Silvester c. (Last) Stapleton

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: October 26, 1934

9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 8, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm WORKER

10b. KIND OF BUSINESS OR INDUSTRY: Grain

11. BIRTHPLACE (State or foreign country): Vandalia, Missouri

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: George Stapleton

13b. MOTHER'S MAIDEN NAME: Ida May Hughes

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Stapleton, Vandalia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner's Case, Jury verdict deceased

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) for further investigation. Port Water

DUE TO (c) Shown dislocation of the first

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Two Cervical vertebra, and hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 24

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Yard of Tom Mother

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vandalia Audrain Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7—8—1950 a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? had a fight over pool balls

I Not known to date

22. I hereby certify that I attended the deceased from August, to _____, 19____, that I last saw the deceased alive on July 8, 1950, and that death occurred at 5-a. m., from the causes and on the date stated above.

23a. SIGNATURE: L. C. Adams (Degree or title) M.D. Coroner

23b. ADDRESS: Mexico Mo

23c. DATE SIGNED: 7-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 12, 1950

24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery

24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: July 12 1950

REGISTRAR'S SIGNATURE: Mallie Fugua

FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Vandalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 2 0 1950
District Health Officer No.
District File Number 7-50-11
Date Filed JUL 2 1 1950

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 Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.