

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40242

State File No.

330

1

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

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5382</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin Twp</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin Twp Dent Co 1330</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Montauk Rt. Salem, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Volante</u>		b. (Middle) <u>Devere</u>		c. (Last) <u>Stagner</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/22/1915</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12/7/50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Lewis L. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie E. Pettigrew</u>		14. NAME OF HUSBAND OR WIFE <u>Winfred B. Stagner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Winfred B. Stagner, Salem, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca. of Stomach and Liver and Pancreas</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca. of Stomach and Liver and Pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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		II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.		Cardio-valvular defect. Severe Anemia and Weakness.				<u>151X</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) (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 <u>9-12-50</u> , 19 <u>50</u> , to <u>11-28-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-28-50</u> , 19 <u>50</u> , and that death occurred at <u>3:50a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph P. Bennett</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED <u>12-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-12-50</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M. W. by Mrs. J. C. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u>		ADDRESS <u>Salem, Missouri</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 16 1950

RECEIVED

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~~ _____

working under my personal supervision.

Student Embalmer No.

Signed Wm. W. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Salem, Ma

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.