

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1615

State File No.

FILED JAN 20 1951

512

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		<u>0513</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital & Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>216 W. South St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Staley</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>January 11, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>December 13, 1854</u>	
				9. AGE (In years last birthday)		96	
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>Home making</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>William Klapp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ritchel</u>		14. NAME OF HUSBAND OR WIFE <u>Leff Staley</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 ADDRESS <u>Arthur Klapp Mayview, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>				<u>1 month</u>	
		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 Conditions contributing to the death but not related to the disease or condition causing death.				<u>592 X</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>Dec 24</u> , 19 <u>50</u> , to <u>Jan 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 11</u> , 19 <u>51</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Denote as title) <u>L. Reed Watson M.D.</u>				23b. ADDRESS <u>122 E. Market - Warrensburg, Mo.</u>		23c. DATE SIGNED <u>1-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Urlich Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Urlich Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 31, 1951</u>		REGISTRAR'S SIGNATURE <u>Saravanda Ritchel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Brumder</u>		ADDRESS <u>Warrensburg, Mo.</u>	

RECEIVED
JAN 15 1950
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....
Student Embalmer

Signed *Elmer R. Tipton*.....

Licensed Embalmer No. *4817*.....

P. O. Address *Warrensburg, 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.