

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7781

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 5210		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL or TOWN) Hale, (Rural) LENGTH OF STAY in this place 2 days				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Avalon, 0590			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Kelly Colliver.				d. STREET ADDRESS (If rural, give location): 2 miles east. Rural.			
3. NAME OF DECEASED (Type or Print)		a. (First) THOMAS		b. (Middle) JEFFERSON		c. (Last) STAGNER	
4. DATE OF DEATH		(Month) March		(Day) 28		(Year) 1951	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13th, 1884		9. AGE (In years last birthday) 76 / IF UNDER 1 YEAR Months 3 / IF UNDER 11 mos. Day 13 Hours 15 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Blue Mound, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN STAGNER		13b. MOTHER'S MAIDEN NAME Durant		14. NAME OF HUSBAND OR WIFE CLARA STAGNER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or name of service) XX		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edith Colliver, Hale, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterid Sclerosis 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 10 days 5 years	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Mar 19, 1951 , to Mar 28, 1951 , that I last saw the deceased alive on Mar 27, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE A. Colliver (Degree or title)		23b. ADDRESS M. 59 Chellicothe Mo		23c. DATE SIGNED Mar 30/1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March, 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Avalon		24d. LOCATION (City, town, or county) (State) Avalon, Missouri	
DATE REC'D BY LOCAL REG. 3-31-1951		REGISTRAR'S SIGNATURE Mrs Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin Tina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Student Embalmer No. _____

Signed _____

*Clyfford W Austin*⁶

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.