

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40875**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5162** Registrar's No. **339**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b> <b>0140</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lindberg, Cleveland Twp.</b>		c. LENGTH OF STAY (In this place) <b>3 Years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Cleveland Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D.# 2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Clarence</b>	b. (Middle) <b>-</b>	c. (Last) <b>Staats</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept, 13, 1913</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR <b>2</b> Days	IF UNDER 24 HRS. <b>20</b> Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher, Rader's Co</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Butchering</b>	11. BIRTHPLACE (State or foreign country) <b>Englewood, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jake Staats</b>	13b. MOTHER'S MAIDEN NAME <b>Rena ?</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. War #11</b>	16. SOCIAL SECURITY NO. <b>498-14-9094</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clarence Staats, Columbia, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Self-inflicted gun shot</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>instantly</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E976X</b>			

19a. -DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Cleveland Twp. Callaway Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 3 1951 9:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. Barrett, Sr. Coroner</b>	23b. ADDRESS <b>Fulton Mo.</b>	23c. DATE SIGNED <b>12/4/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 5, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Millersburg Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Millersburg Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 4-1951</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b> <b>426</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wallace Funeral Home Fulton Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

RECEIVED  
DEC 21 1951

DEC 19 1951

MS APR 2 1952 SM

MS APR 2 1952 SM

FEB 15 1952

MS APR 2 1952 SM

**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 Wenzil A. Brown

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.