

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 12-27-57 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Greenfield Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lilly St.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Irene</u>	a. (First)	b. (Middle)	c. (Last) <u>Stapp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-51</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>8-12-1866</u>	9. AGE (In years less birthday) <u>85</u>	10 UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	11 UNDER 1 WEEK Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house keeper</u>	11. BIRTHPLACE (State or foreign country) <u>So Greenfield Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Burton Stapp</u>	13b. MOTHER'S MAIDEN NAME <u>Cordelia Stapp</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Ervie Stapp Greenfield Mo.</u>
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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, asphyxia, 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) <u>Cardio-vascular renal failure.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Failure.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 11-25, 1951, to 12-22, 1951, that I last saw the deceased alive on 12-21, 1951, and that death occurred at 9:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Cowan</u> (Degree or title)	23b. ADDRESS <u>Greenfield Mo</u>	23c. DATE SIGNED <u>12-24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>Geo L. West</u> <u>79</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Aison Greenfield Mo</u>
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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 Embalmer No.

Signed.....

W. P. Allison

Signed.....
Student Embalmer

Licensed Embalmer No. *4404*

P. O. Address *Summit St.*

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

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