S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1952

State File No. 38430

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 119

0410 / 1

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Hampton
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home North part of New Hampton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Hampton 0410
d. STREET ADDRESS (If rural, give location): Home North part of New Hampton

3. NAME OF DECEASED (Type or Print)
a. (First): Flora
b. (Middle): Delia
c. (Last): Stagner

4. DATE OF DEATH (Month) (Day) (Year): Dec 2 1952

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec 6 - 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Ohio 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edwin Roberts
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Charles Stagner Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Dennis Redmond
ADDRESS: New Hampton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 26 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs
DUE TO (c): Fracture of left hip — 10 wks.

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: 041 E9020 21
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Hampton Harrison Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 4 52 5 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall to floor from bench.

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Dec 2, 1952, *that I last saw the deceased alive on* Dec 2, 1952, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Green (Degree or title) D.O.
23b. ADDRESS: New Hampton Mo
23c. DATE SIGNED: 12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 4 1952
24c. NAME OF CEMETERY OR CREMATORY: Kidwell Cemetery
24d. LOCATION (City, town, or county) (State): Martinsville Mo

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Noble & Son
ADDRESS: New Hampton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ML

.....,

working under my personal supervision.

Student Embalmer No.....

Signed W G Noble

Signed.....
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.