

No. 300
10-48

DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39375

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 513

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	c. LENGTH OF STAY (in this place) <u>45 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u> <u>05E-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis</u>		d. STREET ADDRESS (If rural, give location) <u>230 E. Howell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u>	b. (Middle)	c. (Last) <u>Staples</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 3, 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	IF UNDER 24 HRS. 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>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James D. Staples</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Crawley</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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 <u>Mitchell Staples</u>	ADDRESS <u>Marceline, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Intertrochanteric fracture rt. hip</u>			

19a. DATE OF OPERATION <u>11-11-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of right hip</u>	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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200 F</u>
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22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-12, 1952, that I last saw the deceased alive on 11-12, 1952, and that death occurred at 3:38 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wesley T. Berry M.D.</u> (Degree or title)	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>11-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/13/52</u>	REGISTRAR'S SIGNATURE <u>Manfred Overton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley T. Berry</u>	ADDRESS <u>Marceline Mo</u>
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(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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davis

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.