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

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34117

BIRTH NO. 62922 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9415

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
c. LENGTH OF STAY (in this place): 17 HRS. 45 MIN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CHILDREN'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW HARTFORD 0820 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JUNE
b. (Middle): N.M.N
c. (Last): STAPLETON

4. DATE OF DEATH (Month): 9 (Day): 28 (Year): 53

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: 9-27-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LOUISIANA MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PHILIP NORTON STAPLETON
13b. MOTHER'S MAIDEN NAME: MELLIE CRAIG
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: J. EGAN
ADDRESS: 500 So KINGSHIGHWAY

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): Pulmonary atelectasis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
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:
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 7625

22. *I hereby certify that I attended the deceased from* 9-27, 1953, *to* 9-28, 1953, *that I last saw the deceased alive on* 9-28, 1953, *and that death occurred at* 5:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Thyne M.D. Med
23b. ADDRESS: Childrens Hospital
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/28/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Bowling Green, Mo.

DATE REC'D BY LOCAL REG.: SEP 30 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD MPH
25. FUNERAL DIRECTOR'S SIGNATURE: John O. Butler
ADDRESS: Bowling Green 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John W. Butler

Licensed Embalmer No. 4447

P. O. Address Dowling Gree

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.