

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40208**

| | | | | | | | | |
|--|--|---|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 11358 | | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 2 WKS. | | c. CITY OR TOWN Burlington Jct. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | | | f. STREET ADDRESS (If rural, give location) 1 1/2 miles east 0740 1 | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) BERT | | b. (Middle) B. | | c. (Last) STAPLES | | |
| 4. DATE OF DEATH | | (Month) 12 | | (Day) 26 | | (Year) 54 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 1/6/89 | | |
| 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer - retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | | 11. BIRTHPLACE (City and State or Foreign Country) Nodaway County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Myron Staples | | | 13b. MOTHER'S MAIDEN NAME unknown | | | 14. NAME OF HUSBAND OR WIFE Mabel Madget Staples | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. B. B. Staples, Burlington Jct. | | | | |
| 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) Uremia | | | | | 16 days | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | |
| | | DUE TO (b) Arterioneuro Sclerosis | | | | | 28 months | |
| | | DUE TO (c) Arteriosclerosis | | | | | 28 months | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease | | | | | 28 m. + | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4/4/60 X | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 12-10-54 19 54 , to Dec. 26 , 19 54 , that I last saw the deceased alive on 12-26-54 , 19 54 , and that death occurred at 2:30P m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE K. C. Allen (Degree or title) M. D. | | | | 23b. ADDRESS St. Joseph, Missouri | | 23c. DATE SIGNED 12-27-54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 12/26/54 | | 24c. NAME OF CEMETERY OR CREMATORY Workman Chapel | | 24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo. | | |
| DATE REC'D BY LOCAL REG. Dec 29, 1954 | | REGISTRAR'S SIGNATURE Ethel M. Allison 485 | | 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo. ADDRESS | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

DEC 16 1958

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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *42*

P. O. Address *Marysville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.