

FILED JAN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40372

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Cedar County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 Forest St.		d. STREET ADDRESS (If rural, give location) 314 Forest St.	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Voorhees c. (Last) Staats			4. DATE OF DEATH (Month) (Day) (Year) December 31, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 8, 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Voorhees Staats	13b. MOTHER'S MAIDEN NAME May Cartwright Eneysart	14. NAME OF HUSBAND OR WIFE Minerva May Staats
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minerva May Staats, Eldorado Spgs., Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchopneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility</u> DUE TO (c) <u>Squamous Carcinoma of mandible</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Oct. 12, 1954, to Dec. 31, 1954, that I last saw the deceased alive on Dec. 31, 1954, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Magee</u> (Degree or title) M.D.	23b. ADDRESS <u>El Dorado Springs, Mo.</u>	23c. DATE SIGNED <u>12-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>1-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marmaton Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Fort Scott, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>JAN. 1, 1955</u>	REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. A. Cheney-Ft. Scott, Kansas</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

0201

JAN 18 1955

JAN 18 1955

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, of / of /

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Orlando A. Cheney
Orlando A. Cheney

Licensed Embalmer No. 2613

P. O. Address Fort Scott, Kansas

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.