

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
c. LENGTH OF STAY (In this place) LIFETIME		d. STREET ADDRESS (If rural, give location) 410 NO WALKER	
d. FULL NAME OF HOSPITAL OR INSTITUTION TEMPLE FARM POND			

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) JAMES RICHARD c. (Last) STAPLETON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APRIL 15, 1941
9. AGE (In years last birthday) 14	10. MONTHS 0	11. DAYS 4	12. HOURS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (State or foreign country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME JAMES R. STAPLETON		13b. MOTHER'S MAIDEN NAME VIOLA RYAN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES R. STAPLETON WEBB CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUFFOCATION DUE TO ACCIDENTAL DROWNING		INTERVAL BETWEEN ONSET AND DEATH LESS THAN 5 MIN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298 42		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Pronounced dead in Jane Chinn Hosp		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pond in Webb City	21c. (CITY, TOWN, OR TOWNSHIP) WEBB CITY (COUNTY) JASPER (STATE) MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-19-55 4pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stepped off into deep hole in pond accidentally drowned	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE Wendell W. Brown, Jr. Coroner Jasper County, Mo. P. Bly, Jr.		(Degree or title)		23b. ADDRESS		23c. DATE SIGNED 4/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 22, 1955	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY MO			

DATE REC'D BY LOCAL REG. 4-21-55	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed APR 25 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, or by

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Leonard J. Leonard

Licensed Embalmer No. 4561

P. O. Address Webb City, Mo.

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.