

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1956

State File No. **22910**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **761**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a- STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (in this place) 34 yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 715 Main St.,		e. STREET ADDRESS (If rural, give location) 715 Main St.,	
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) BELLE	
c. (Last) STAPLES		4. DATE OF DEATH (Month) (Day) (Year) JULY 10, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 1, 1883
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Campbell		13b. MOTHER'S MAIDEN NAME Elizabeth Breeding	
14. NAME OF HUSBAND OR WIFE Lawrence E.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 491-10-3710		17. INFORMANT'S SIGNATURE OR NAME Lawrence E. Staples, St. Joseph, Mo.	
18. ADDRESS Lawrence E. Staples, St. Joseph, Mo.		18. NOSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Carcinoma breast		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 <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) 170X	
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		22. I hereby certify that I attended the deceased from July 9 , 19 56 , to July 10 , 19 56 , that I last saw the deceased alive on July 9 , 19 56 , and that death occurred at 1:00A m., from the causes and on the date stated above.	
23. SIGNATURE Richard P. Maguen M.D.		23b. ADDRESS 216 P&S Bldg., St. Joseph, Mo.	
23c. DATE SIGNED 7-14-56		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE July 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		DATE REC'D BY LOCAL REG. July 16, 1956	
REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home, St. Joseph, Mo.	
ADDRESS		ADDRESS	

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

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1 SEP. 5 1956

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.....
Charles E. Bennett

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.