

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25806

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wichow</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Weaubleau</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				e. STREET ADDRESS (If rural, give location) <u>none given</u> <u>0420</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CORA</u>		b. (Middle) <u>Inez</u>		c. (Last) <u>Sands</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>3</u>		(Year) <u>1956</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 11 1889</u>	
9. AGE (In years last birthday) <u>66</u>		IF EACH 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 1 YRS. Hours <u>0</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eugene Staples</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Southard</u>		13c. NAME OF HUSBAND OR WIFE <u>Earl M Staples</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adm. Papers - State Hospital #3</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Mental Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 days</u> <u>19 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>H91X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 <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 <u>2 July 1956</u> , to <u>3 July 1956</u> , that I last saw the deceased alive on <u>3 July 1956</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Uyenod M.D.</u>				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>July 3 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-10-56</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rayburn Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *W. Swatland, T.*

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.