t. Health,
& Welfare
S. Public
th Service

.S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 RSMo 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11901
STATE FILE NUMBER

Registration District No. 372 Primary Registration District No. 4343 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seymour — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY WEBSTER
c. CITY OR TOWN SEYMOUR 112 Oz — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle ALBERT Last STAPP
4. DATE OF DEATH Month 2 Day 28 Year 57
5. SEX M
6. COLOR OR RACE W
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH FEB. 17, 1878
9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) CHRISTIAN Co. O
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ISAAC STAPP
14. MOTHER'S MAIDEN NAME SEFORNIA SIMS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lawrence Stapp Address Seymour, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary failure & Embolic Encephalomalacia — ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombotic Myocardial Infarction and — 4 wks
INTRACARDIAC THROMBOSIS
DUE TO (c) ARTERIOSCLEROSIS — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ O

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/28/57, to 2/28/57 and last saw her alive on 2/28/57
Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Gill (Degree or title) D.O. 2
22b. ADDRESS Seymour
22c. DATE SIGNED 3/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-4-57
23c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL
23d. LOCATION (City, town, or county) WEBSTER Co. (State) MO

24. FUNERAL DIRECTOR Robert Bergman ADDRESS Seymour, Mo.
25. DATE RECD. BY LOCAL REG. 3-16-57
26. REGISTRAR'S SIGNATURE Gilbert Jones

(Licensed Embalmer's Statement on Reverse Side)

3436

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 472

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.