

FILED VS SEP 4 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-030821

2 7840 STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Dent.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salem Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in lb. 16 days	d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Mary Catherine Stagner			4. DATE OF DEATH Month Day Year August 24, 1959		
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Shelton	13b. MOTHER'S MAIDEN NAME Mary Ferguson	14. NAME OF HUSBAND OR WIFE James
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT James Stagner, Rural Route, Salem, Missouri.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary embolus & bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8/8 - 8/24/59</i>
DUE TO (b) <i>9040 21</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Patient admitted with fracture of hip & pneumonia.</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>65 Fall at home 2 days prior to admission</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 8/8/59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Bunker,</i>	COUNTY <i>Mo.</i>	STATE
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21. I attended the deceased from <i>8/8/1959</i> to <i>8/24/1959</i> and last saw her/him alive on <i>8/23/59</i> Death occurred at <i>5:40 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James G. Griggs, M.D.</i> Dr. Jas. Griggs M.D.	22b. ADDRESS Vo. 3-6300 <i>7820 Carondelet, Clayton, Mo.</i>	22c. DATE SIGNED <i>8-24-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>8-25-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Local</i>	23d. LOCATION (City, town, or county) (State) <i>Salem, Missouri.</i>
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24. FUNERAL DIRECTOR <i>Albert H. Hoppe, Inc., 4700 Washington</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 24 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D., S.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. W. Binkley*

Licensed Embalmer No. *3657*

P. O. Address *Lt. Lewis & Co*

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.

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