

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039126**

STATE FILE NUMBER

FILED VS. DEC 11 1959 **43**

Primary Registration District No.           

Registrar's No. **572**

MEMORANDUM

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Butler</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff, Rte. 4</b>		Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Qulin</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bill Smith Residence</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rte. 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>GEORGE</b> Middle <b>J.</b> Last <b>STAGGS</b>				<b>4. DATE OF DEATH</b> Month <b>Nov.</b> Day <b>26</b> Year <b>1959</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>Feb. 9, 1892</b>	<b>9. AGE (last birthday)</b> <b>67</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farming and Misc. Labor</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>--Arkansas</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Green Staggs</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucy Meredith</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Grace Staggs</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT</b> Address <b>Grace Staggs, Qulin, Missouri, R.1</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> DUE TO (b) <b>Essential hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)						
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>						
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>		
<b>21. I attended the deceased from</b> <b>11/26/55</b> to <b>11/21/57</b> and last saw her/him alive on <b>11/21/57</b> Death occurred at <b>7:50</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (If free or title) <i>D. Byron L. Franklin</i>				<b>22b. ADDRESS</b> <b>Campbell, Mo.</b>		<b>22c. DATE SIGNED</b> <b>Nov. 27/59</b>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>23b. DATE</b> <b>Nov. 27, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Qulin Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Qulin, Missouri</b>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Landess Funeral Home, Campbell, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>12/2/59</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>R. F. Mueller</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 1 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Charles Partain, Student Embalmer No. 591

working under my personal supervision.

Student Charles Partain

Signature of Student Embalmer

Signed

Christine M. Lane

Licensed Embalmer No. 422

P. O. Address Campbell

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