

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045573

LED VS DEC 20 1960

Registration District No. 298 Primary Registration District No. 415 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u>		Length of stay in 1b <u>13 Days</u>	c. CITY OR TOWN <u>Gallatin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cox East Side Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>---</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>David</u> Last <u>Stapleton</u>			4. DATE OF DEATH Month <u>December</u> Day <u>13</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-8-1872</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>		11. BIRTHPLACE (City and state or country) <u>Harrison Daviess Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James Henry Stapleton</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira McGinley</u>		14. NAME OF HUSBAND OR WIFE (De'd) <u>Stella E. Stapleton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Walter Stapleton, Gallatin, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		<u>48 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension, arterial Sclerosis</u>	<u>4 yrs.</u>
	DUE TO (c) <u>Chronic Nephritis</u>	<u>4 yrs.</u>
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u>			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY <u>---</u> STATE <u>---</u>
21. I attended the deceased from <u>Nov 1/60</u> to <u>Dec 13</u> and last saw <u>him</u> alive on <u>Dec 13</u> Death occurred at <u>2:15 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. Healey</u> (Degree or title) <u>Dr.</u>		22b. ADDRESS <u>Gallatin Mo</u>	22c. DATE SIGNED <u>Dec 13 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-15-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>
24. FUNERAL DIRECTOR <u>Hope Funeral Home</u> ADDRESS <u>Gallatin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-60</u>	26. REGISTRAR'S SIGNATURE <u>Walter M. Engelbert</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. Dickerson

Licensed Embalmer No. 3302

P. O. Address Fuller

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