

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004933

AMENDED

Registration District No. 096 Primary Registration District No. 4158 Registrar's No. 14 STATE FILE NUMBER

FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo, Mo.</u> Length of stay in 1b <u>5 yrs.</u>		c. CITY OR TOWN <u>Buffalo,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. Main St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>E. Main St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>Stapleton</u> Last			4. DATE OF DEATH Month <u>Feb.</u> Day <u>13</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec 15, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
11a. BIRTHPLACE (City and state or country) <u>Chalk level, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Milton D. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Peyton</u>	14. NAME OF HUSBAND OR WIFE <u>John 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. INFORMANT <u>Mrs Roscan Tilbent</u> Address <u>Charleston, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion (thrombosis)</u> DUE TO (b) <u>Arteriosclerosis +</u> DUE TO (c) <u>Arterial Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholecystitis + Cholelithiasis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year			
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 STATE
21. I attended the deceased from <u>1950</u> to <u>2-12-61</u> and last saw her <u>alive</u> on <u>2-1-61</u> Death occurred at <u>8:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C.O. Hammon M.D.</u>		22b. ADDRESS <u>Buffalo, Mo.</u>	22c. DATE SIGNED <u>2-13-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 14, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louisburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Louisburg, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Montgomery Funeral Home Buffalo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2/24/61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Pluto</u>

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

Vernon H. Veto

Licensed Embalmer No. 5083

P. O. Address Buffalo, N.Y.

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.