

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012742
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. _____ Registrar's No. 342

FILED APR 17 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeKalb, Wayne Twsp.		c. CITY OR TOWN DeKalb, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural, DeKalb,		d. STREET ADDRESS (If outside, give location) Rural Rt #2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Richmond Last Stagner			4. DATE OF DEATH Month Mar. Day 31, Year 1961
5. SEX Male	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 Feb 24, 1912
9. AGE (last birthday) 49		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co	11. BIRTHPLACE (City and state or country) Dearborn Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Elijah Stagner	
13b. MOTHER'S MAIDEN NAME Ruby Kelley		14. NAME OF HUSBAND OR WIFE Dorothy Stagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mary Tayler, Dearborn Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia			INTERVAL BETWEEN ONSET AND DEATH at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carbon monoxide Inhalation			at once
DUE TO (c) Trapped in burning home			at once
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Accribed to gas stove	
20c. TIME OF INJURY Hour 10:30 p.m. Month, Day, Year 3-31-61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rt. 2 Buchanan County Mo		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Rural DeKalb	20g. COUNTY Buchanan	20h. STATE Mo
21. I attended the deceased from 10:30 P.M. to 3/31/61 and last saw him on 3-31-61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S.E. Melaney M.D. Coronor		22b. ADDRESS 214 Kirkpatrick St Joseph Mo	22c. DATE SIGNED 4-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/5/61	23c. NAME OF CEMETERY OR CREMATORY Camden Point, Cemetery Camden Point Mo	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR John K. Cuff	25. DATE RECD. BY LOCAL REG. April 10, 1961	26. REGISTRAR'S SIGNATURE Wm. Clark Sandell	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.E. Melaney, M.D.

