

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017797  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 2230

AMENDED FILED MAY 19 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Jackson City</u> Length of stay in 1b <u>36 days</u>		c. CITY OR TOWN <u>Jackson City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3423 Garner</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>LEE</u> Last <u>Staggs</u>			4. DATE OF DEATH Month <u>5</u> Day <u>2</u> Year <u>61</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>9-23-86</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Pickett, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Benjamin Franklin Staggs</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Marie "unknown"</u>		14. NAME OF HUSBAND OR WIFE <u>Estella Staggs</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>Mr. Curtis Staggs: 5412 211-029</u>		17. INFORMANT Address <u>Therese M. Staggs</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>PULMONARY Edema</u>					
DUE TO (b) <u>ASPIRATION PNEUMONIA</u>					
DUE TO (c) _____					

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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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>11:55</u> a.m. p.m.	Month, Day, Year <u>5-2-61</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 STATE			
21. I attended the deceased from <u>5-2-61</u> to <u>5-2-61</u> and last saw <u>him</u> alive on <u>5-2-61</u> Death occurred at <u>11:55</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>2400 Cherry - 2<sup>nd</sup> Fl. Mo.</u>		22c. DATE SIGNED <u>5-4-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-5-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Jackson City, Missouri</u>		23e. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

24. FUNERAL DIRECTOR ADDRESS <u>Heilert Funeral Homes (S) 2<sup>nd</sup> Fl. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
SHOULD READ  
ITEM NO.

Frank Ellis

**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

*B. E. Weibert*

Licensed Embalmer No.

*4075*

P. O. Address

*208, Mo.*

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.