

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022742

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 123

STATE FILE NUMBER

FILED JUL 2 1962

VS 300 Rev. 4/59

1 0405
2 0405
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4 1
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9 153.0
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12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
Length of stay in lb Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Mem. Hosp.		d. STREET ADDRESS (If outside, give location) 820 Custer	
3. NAME OF DECEASED (Type or print) First Mabel Middle Hannah Last Stapp		4. DATE OF DEATH Month June Day 22 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-2-74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Gallatin, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Orson J. Rockwell	
13b. MOTHER'S MAIDEN NAME Isabelle McGuire		14. NAME OF HUSBAND OR WIFE Wm. Dale Stapp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Isabelle Helmers		Address Kansas City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon			INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> N- <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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 62 to June 22 62 and last saw her ^{her} _{him} alive on 6/24/62 Death occurred at 4:10 A P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. ... (Degree or title)		22b. ADDRESS Trenton Mo	22c. DATE SIGNED 6/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jun 24, 62	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	23d. LOCATION (City, town, or county) Trenton, Mo. (State)
24. FUNERAL DIRECTOR Gipson-Whitaker ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 6-24-62	26. REGISTRAR'S SIGNATURE J. ...

USE BLACK INK OR TYPEWRITER RIBBON

JUL 24 1962

JUL 8 1962

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 Leo J. Whitaker
 Licensed Embalmer No. 4780
 P. O. Address Leventon, Mo.

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 Leo J. Whitaker
 Licensed Embalmer No. 4780
 P. O. Address Leventon, 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.