

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032112

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 201

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 27 1962	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b> Length of stay in 1b <b>75 years</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1007 Myra Street</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> c. CITY OR TOWN <b>Moberly</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1007 Myra Street</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Anna Caroline Staiger</b>	
4. DATE OF DEATH Month Day Year <b>8/13/62</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/19/1876</b>
9. AGE (last birthday) <b>86</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>
11. BIRTHPLACE (City and state or country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Fred Kroggel</b>	13b. MOTHER'S MAIDEN NAME <b>Alvina Beck</b>
14. NAME OF HUSBAND OR WIFE <b>William Staiger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Betty Gunn</b> Address <b>Moberly, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ENCEPHALO MALACIA</b> <b>Cerebrovasculosis</b> DUE TO (b) <b>Cerebral arteriosclerosis mixed</b> 10 year DUE TO (c) <b>Arteriosclerosis generalized</b> 15 year 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 INTERVAL BETWEEN ONSET AND DEATH <b>8 years</b> <b>10 year</b> <b>15 year</b>	
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 a.m. p.m. 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 <b>about 1952</b> to <b>Aug 13, 1962</b> and last saw her/him alive on <b>Aug 10, 1962</b> Death occurred at <b>7:20</b> A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Clarence C. Roberts M.D.</b>	22b. ADDRESS <b>317 Virginia, Moberly</b>
22c. DATE SIGNED <b>Aug 14 1962</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/15/62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Moberly, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Million &amp; Greer</b> ADDRESS <b>Moberly, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-15-62</b>
26. REGISTRAR'S SIGNATURE <b>Featherstone</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 <b>0887</b>
2 <b>0887-</b>
3
4 <b>1</b>
5 <b>2</b>
6
7 <b>2</b>
8 <b>0</b>
9 <b>332X</b>
10
11
12 <b>90-0</b>
13 <b>1-0</b>

SEP 7 1962

**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 Marion E. Millie

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.