

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36762

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5181		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY CAPEGIR					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL APPLE CREEK 50 mi. W.		c. LENGTH OF STAY (In this place) 50 mi. W.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL APPLE CREEK 50 mi. W.		d. STREET ADDRESS (If rural, give location) 12 MI. NORTH OF JACKSON			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. N.W. Mellenville				d. STREET ADDRESS (If rural, give location) 12 MI. NORTH OF JACKSON					
3. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON STATLER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1954						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH FEB 29, 1876			
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RURAL Mo.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RURAL Mo.		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME JOHN STATLER		13b. MOTHER'S MAIDEN NAME BARBARA LAITES		14. NAME OF HUSBAND OR WIFE TAVIA					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Pugh Jackson, Mo.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Pugh Jackson, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 14, 1954, to Nov 11, 1954, that I last saw the deceased alive on Nov 10, 1954, and that death occurred at 7 A. M., from the causes and on the date stated above.									
23a. SIGNATURE Edwin Crites, M.D.				23b. ADDRESS Sedgeworthville, Mo.		23c. DATE SIGNED 11/14/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov 12, 1954		24c. NAME OF CEMETERY OR CREMATORY NEW SALEM		24d. LOCATION (City, town, or county) (State) DAISY, MO.			
DATE REC'D BY LOCAL REG. Nov 19-54		REGISTRAR'S SIGNATURE D. J. Sabin		25. FUNERAL DIRECTOR'S SIGNATURE R. G. Miley Jackson, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.