DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33414

Registration District No. 33 — Primary Registration District No. 6024 B — Registrar's No. 28

1. PLACE OF DEATH:
(a) County ST FRANCOIS
(b) City or town LEAD-WOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 20 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST FRANCOIS
(c) City or town LEADWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME SAMUAL STAPELS

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MIMI STAPELS

6. (c) Age of ~~husband or~~ wife if alive 55 years

7. Birth date of deceased AUG (Month) 31 (Day) 1880 (Year)

8. AGE: Years 59 | Months 0 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace WASHINGTON (City, town, or county) MO (State or foreign country)

10. Usual occupation none 0

11. Industry or business none 0

MOTHER FATHER
12. Name SAMUAL STAPELS 0
13. Birthplace WASHINGTON (City, town, or county) MO (State or foreign country)
14. Maiden name ELIZABEATH STONE
15. Birthplace ____ (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature mimi Staples
(b) Address Leadwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28 1939 (Month) (Day) (Year)
(c) Place: burial or cremation BARRISON

18. (a) Signature of funeral director J. S Boyer & Son
(b) Address Leadwood, MO

19. (a) 10/10/39 (Date received local registrar) (b) WE Ambuehl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26 year 1939 hour 10:10 a.m. minute ____ M.

21. I hereby certify that I attended the deceased from July, 1939, to 9-26, 1939; that I last saw him alive on 9-25, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular fibrillation	9-24-39
Due to: Bronchial asthma	
Due to: Hypertension, mitral	
Due to: Sclerosis	
Other conditions: Chronic nephritis	

Major findings: Of operations 1/1

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature N C Earle (M. D. or other)
Address Desloge Mo 1 Date signed 9-28-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X19511

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood

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

If this body is not embalmed, above space should be left blank.