

FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32446
Do not use this space.

1. PLACE OF DEATH

(a) County ST. FRANCIS Registration District No. 33
(b) Township LEADWOOD Primary Registration District No. 6024B Registered No. _____
(c) City LEADWOOD (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred / yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME TROY STAPLES

(a) Residence, No. LEADWOOD St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 20, 1905
7. AGE YEARS 36 MONTHS 2 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. P.W.A.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1941
22. I HEREBY CERTIFY That I attended deceased By Request Sept 14, 1941
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Embolism
July 24, 1941. We the jury
found that Troy Staples
to his death by embolism
of coronary artery according
Other contributory causes of importance: to terminal

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.
13. NAME SAMUEL STAPLES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Mimi LARMORE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. MOTHER'S NAME (ADDRESS) Mimi Larmore
Leadwood, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood DATE Sept. 16, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Wubbers
Leadwood, Mo.
20. FILED 10/10, 1941 W. E. Wubbers
Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify _____
(Signed) Clarence Wayne Brown, M. D.
(Address) St. Francis Co
Leadwood, Mo.

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.

OCT 14 1941

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.....
Clyde Mayberry....., Registered Apprentice No. *279*
working under my personal supervision.

Signed *Bert L. Bayer*.....
Licensed Embalmer No. *3445*
P. O. Address *Leadwood 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 this body is not embalmed, above space should be left blank.