THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1954

State File No. 2502

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNE TERRE HOPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEADWOOD 0940
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) CALLIE b. (Middle) — c. (Last) STAPLES

4. DATE OF DEATH: (Month) JAN (Day) 25 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: JUNE 20 1917

9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR Months: 7 Days: 5 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: LUMBER YARDS

11. BIRTHPLACE (State or foreign country): HUNTER, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SAM STAPLES

13b. MOTHER'S MAIDEN NAME: MIMI LARAMORE

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 492-16-7259

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MIMI STAPLES LEADWOOD, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Fractured skull occipital region~~ with brain hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. lacerations, multiple of scalp occipital region severe shock fracture despite left femur

INTERVAL BETWEEN ONSET AND DEATH: about 5 hours.

19a. DATE OF OPERATION: No.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE... (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 8 near Leadwood

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 094 **(STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 25 1954 about 5½ p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Was struck by an automobile while walking on pavement

22. *I hereby certify that I attended the deceased from* 8 3/4 pm 1/25, 1954, *to* 10 3/4 pm 1/25, 19 54, *that I last saw the deceased alive on* 1/25, 19 54, *and that death occurred at* 10 3/4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul L. Jones (Degree or title) MD — Paul L Jones MD

23b. ADDRESS: Flat River, Mo.

23c. DATE SIGNED: 1/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/28/54

24c. NAME OF CEMETERY OR CREMATORY: ADAMS CEMETERY

24d. LOCATION (City, town, or county) (State): FRANKCLAY, MO.

DATE REC'D BY LOCAL REG.: Jan. 29, 1954

REGISTRAR'S SIGNATURE: Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BERT L. BOYER LEADWOOD, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood Mo.

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

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