

Greene County

Staley, Romulous Sanders (28 Oct 1845 - 24 Apr 1947)

age 100-5-26. Buried 26 Apr 1947 Wesley Chapel Cemetery. 46th Mo Inf Co E.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		State File No. 13186
FILED MAY 5 1947		Registration District No. 128		Primary Registration District No. R 100
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:		
(a) County Greene	(b) City or town Springfield	(a) State MO.	(b) County Greene	29
(c) Name of hospital or institution: 1121 N. Broadway	(d) Length of stay: In hospital or institution. 99 years	(c) City or town Springfield Mo.	(d) Street No. 1121 N. Broadway	2
(e) Citizen of foreign country? NO.		(e) Citizen of foreign country? NO.		6
				0
3. (a) PRINT FULL NAME Romulous Sanders Staley		MEDICAL CERTIFICATION		
3. (b) If veteran, name war Civil War	3. (c) Social Security No.	20. DATE OF DEATH: Month April day 24 year 1947 hour 10 minute 30 A. M.		
4. Sex Male	5. Color or race White	21. I hereby certify that I attended the deceased from March 31 19 47 to April 24 19 47 that I last saw him alive on April 22 19 47 and that death occurred on the date and hour stated above.		
6. (b) Name of husband or wife	6. (c) Age of husband or wife if alive	Immediate cause of death Cardiac failure Duration 1 day		
7. Birth date of decedent October 28, 1846		Due to Senility		
8. AGE: Years 100 Months 5 Days 26		Due to		
9. Birthplace Clinton County Mo.		Other conditions None		
10. Usual occupation Retired Farmer		PHYSICIAN		
11. Industry or business Farming		Major findings:		
12. Name Alfred Staley		Of operations:		
13. Birthplace N. Carolina		Of autopsy: 10		
14. Maiden name Lucina Brower		Underline the cause to which death should be charged statistically.		
15. Birthplace N. Carolina		22. If death was due to external causes, fill in the following:		
16. (a) Informant Lela Staley		(a) Accident, suicide, or homicide (specify)		
(b) Address Springfield Mo.		(b) Date of occurrence		
17. (c) Burial		(c) Where did injury occur? (City or town) (County) (State)		
(d) Date thereof 4-26-47		(d) Did injury occur in or about home, on farm, in industrial place, in public place?		
(e) Place of burial or cremation Wesley Chapel Cem.		(Specify type of place)		
(f) Signature of funeral director W. H. Ingner & Co.		While at work? (Specify type of place)		
(g) Address Springfield Mo.		(e) Means of injury		
(h) W. E. Handy		23. Signature Don Biloby (M. D. or other) MD		
(i) (Date received local registrar)		Address Springfield, Mo. Date signed 4-25-47		

(Licensed Embalmer's Statement on Reverse Side)