

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

749

State File No.

FILED FEB 11 1947

Registration District No. 20

Primary Registration District No. 4197

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Levy
(b) City or town Stonberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. Elm St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mattie Stafford

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Amon Stafford 6. (c) Age of husband or wife 79 years
7. Birth date of deceased August 7, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Cedar Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name George Hestiglin

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Jennings

15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. Stafford

(b) Address Stonberry Mo

17. (a) Burial (b) Date thereof 1/27/47
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonberry Mo

18. (a) Signature of funeral director Edw. R. Phillips

(b) Address Stonberry Mo

19. (a) 1/27/47 (b) Hyman H. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Levy
(c) City or town Stonberry Mo
(If outside city or town limits, write "RURAL")
(d) Street No. W. Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1947 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from January 12, 1947 to January 25, 1947
that I last saw him alive on Jan 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 yr

Due to Arterio Sclerosis 1 yr

Due to Hypertension 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/20

Of autopsy ✓ 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? 2

While at work? ✓ (Specify type of place) (e) Means of injury 2

23. Signature R. L. Mulligan (M. D. or other) 20

Address St. Clair Mo Date signed 1-26-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, fact should be so stated above.