

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12095

State File No.

FILED APR 29 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 357-A

39
26260
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u> c. CITY OR TOWN <u>525 Mills</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Babler Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural near Mills Mo. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilford</u> b. (Middle) <u>—</u> c. (Last) <u>Stafford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 22-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE (In years last birthday) <u>42 years</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS.: Hours _____ Min. _____
11a. BIRTHPLACE (State or foreign country) <u>Douglas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>T. H. Stafford</u>		13b. MOTHER'S MAIDEN NAME <u>Arnilda Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladya Stafford</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Gladya Stafford</u> ADDRESS <u>Mills Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma & Bronchiectasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5267</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>		22. I hereby certify that I attended the deceased from <u>4/19</u> , 1949, to <u>4/21</u> , 1949, that I last saw the deceased alive on <u>4/20</u> , 1949, and that death occurred at <u>1:50 p.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ray D. Callaway MD</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>4/23/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doywood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Douglas County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/23/49</u>		REGISTRAR'S SIGNATURE <u>M. E. Handley MD</u>	

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.....

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.