

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 857  
Registrar's No. 40

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>GREEN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0570</u> OR TOWN <u>Theodosia, Rural -- Jasper TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Susan</u> c. (Last) <u>Stafford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 25, 1903</u>		9. AGE (In years last birthday) <u>46</u>		10. BIRTHPLACE (State or foreign country) <u>Ozark Co. Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Ozark Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			

13a. FATHER'S NAME <u>J.J. Friend</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ledbetter</u>		14. NAME OF HUSBAND OR WIFE <u>George Stafford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr George Stafford</u> ADDRESS <u>Theodosia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pseudo mucinous Cystadenoma</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>216X</u>	

19a. DATE OF OPERATION <u>9-1-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>As in (a)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 31 Aug, 1949, to 13 Jan, 1950, that I last saw the deceased alive on 13 Jan, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley S. Peterson M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>16 Jan 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutie Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Lutie Mo, Ozark Co. Mo</u>			

DATE REC'D BY LOCAL REG. <u>1-17-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Beard Funeral Home</u> ADDRESS <u>Hainesville Missouri</u>	
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(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.

Signed..... *Charles A. Roof* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3044*

P. O. Address *Gainville, 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, fact should be so stated above.