

No. 3007  
10.48

FILED SEP 8-1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27350

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braymer</u>		c. LENGTH OF STAY (In this place) <u>75 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city limits</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braymer</u>	
		d. STREET ADDRESS (If rural, give location) <u>city limits</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>ALFORD</u> c. (Last) <u>STAUFFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/14/1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>9/12/1865</u>		9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR Months Days	
11. UNDER 1 HR. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (State or foreign country) <u>Hawking Furnace, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>F. A. Stauffer</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Stauffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mariellen Ashcraft - Braymer, 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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>15 YRS</u>
		DUE TO (c) <u>Primary Arteriosclerosis</u>			<u>5 YRS</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) 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 June 28, 1952, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 5:21 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John P. Crank, D.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>7-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/16/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plymouth cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-20-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Janie</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lench. Michael, Braymer, Mo.</u>	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

130

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 \_\_\_\_\_

*Gene B. Michael*

Licensed Embalmer No. \_\_\_\_\_

*4340*

P. O. Address \_\_\_\_\_

*Braunton, 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.