

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED AUG 30 1952

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

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sniabar Twns.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bates City</u> <u>0540</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi. east of Bates City on 40 Hiway</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Joseph</u>	b. (Middle) _____	c. (Last) <u>Stafford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 17, 1945</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>James Stafford</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Clark</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Stafford</u>	ADDRESS <u>Bates City, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Hemorrhage</u>		
	ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Following motor car collision due to (b) on no 40 highway 5 miles west of Odessa in 9:22 AM 8-16-52</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>NO operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no 40 highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bates City Lafayette Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 16 1952 3:22 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Motor car collision</u>
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22. I hereby certify that I attended the deceased from birth to death, 19 0, to 8-16, 19 52, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:50 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martin</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>8-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/16/52</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Eusman Sparks</u>	ADDRESS <u>Odessa, Mo.</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. T. Sparks

Licensed Embalmer No. # 4431

P. O. Address Odessa, 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.