

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13746**

FILED APR 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5374</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>De Kalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Calhoun Twp.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison Township 0130</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 26 East of offset filling station</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles NE of Cameron</u>					
3. NAME OF DECEASED (Type or Print) <u>Grace Elizabeth Stafford</u>		a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH <u>4 19 53</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Jan 2 - 1895</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co. MO - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Wender</u>		13b. MOTHER'S MAIDEN NAME <u>Gerie La Follette</u>			
14. NAME OF HUSBAND OR WIFE <u>Harvey Stafford</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wanda Stafford</u> ADDRESS <u>Columbia 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>Car Accident</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident on Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Coffey DEKALB MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 19 53 5:15 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision with other Car</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Grace Beaumont Cameron</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Missouri MO</u>		23c. DATE SIGNED <u>4-20-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgemoor Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-23-53</u>		REGISTRAR'S SIGNATURE <u>Grace Wainwright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>			

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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.

Student
Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 4777

P. O. Address 221 W 73rd St
Manhattan, N.Y.

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.