

10.00  
310  
3

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21159**

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4159** Registrar's No. **46**

1. PLACE OF DEATH  
a. COUNTY **Daviess**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Pattonsburg, Mo.**

c. LENGTH OF STAY (in this place) **81 Yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Found on Wabash R.R. Tracks East Side Pattonsburg**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Daviess**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural-Marion Township**

d. STREET ADDRESS **Rt. 3 Pattonburg, Mo.**

3. NAME OF DECEASED (Type or Print) **Charles W. Stafford**

a. (First) **Charles W.** b. (Middle) **Stafford** c. (Last) **Stafford**

4. DATE OF DEATH **April 22, 1953**

(Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **3-27-1872**

9. AGE (In years last birthday) **81**

If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 6 HRS: Hours \_\_\_\_\_ Mins \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming**

10b. KIND OF BUSINESS OR INDUSTRY **Land Owner**

11. BIRTHPLACE (City and State or Foreign Country) **Daviess County, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Erastus W. Stafford**

13b. MOTHER'S MAIDEN NAME **Nannie Massingale**

14. NAME OF HUSBAND OR WIFE **Rhoda Stafford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Goldie Ellen Rice** ADDRESS **Pattonsburg, Mo.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary occlusion**

INTERVAL BETWEEN ONSET AND DEATH **4/22/53**

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.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES  NO

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) **Boston Twp Daviess Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) **Apr 22 1953 3:10 p.m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **4/22**, 19**53** to **4/22**, 19**53**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **Pattonsburg, Mo.** on the date stated above.

23a. SIGNATURE (Degree or title) **W. B. Amy**

23b. ADDRESS **6 off 27, Mo.**

23c. DATE SIGNED **4/23/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **April 24, 1953**

24c. NAME OF CEMETERY OR CREMATORY **Bethel Cemetery**

24d. LOCATION (City, town, or county) (State) **Pattonburg, Mo.**

DATE REC'D BY LOCAL REG. **6-15-53**

REGISTRAR'S SIGNATURE **Virginia M. Englehardt**

25. FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_ ADDRESS **Pattonburg, Mo.**

(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.

Student .....  
Student Embalmer

Signed *Louis Quist* \_\_\_\_\_  
Licensed Embalmer No. *4096* \_\_\_\_\_

P. O. Address *Pattersonburg* \_\_\_\_\_

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.