

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5257**

FILED FEB 17 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CARTERVILLE</u>	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>104 EAST DAUGHTERY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>A.</u>		c. (Last) <u>STAFFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 7, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOVEMBER 13, 1861</u>	
9. AGE (In years last birthday) <u>92</u>		10. 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>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>LOCKPORT, NEW YORK</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>PETER VOLK</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE BITTNER</u>		14. NAME OF HUSBAND OR WIFE <u>MISS CAROLINE STAFFORD CARTERVILLE, MO.</u>	
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 (Print name and address) <u>MISS CAROLINE STAFFORD CARTERVILLE, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		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 <u>331 X</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2-1, 1954, to 2-7, 1954, that I last saw the deceased alive on? 2-7, 1954, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs. Madeline Switzer</u>		23b. ADDRESS <u>Elmore Ct., Mo.</u>		23c. DATE SIGNED <u>2-8-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>2-8-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

