

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18977
2580

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY REPUBLIC	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 5-DAYS	c. CITY OR TOWN SCANDIA
d. FULL NAME OF HOSPITAL OR INSTITUTION 4335 MADISON AVENUE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) HAROLD c. (Last) STAFFORD		4. DATE OF DEATH (Month) (Day) (Year) JUNE - 15 - 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 31, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SCANDIA KANSAS	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
		11. BIRTHPLACE (City and State or Foreign Country) REPUBLIC, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMUEL STAFFORD	13b. MOTHER'S MAIDEN NAME ROSELLA MOREHEAD	14. NAME OF HUSBAND OR WIFE MRS. FLORENCE 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. 514-30-8410	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FLORENCE STAFFORD SCANDIA, KANSAS

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 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia Lymphatic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown		2040	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE, (Specify) NO	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) NO	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 14, 1955**, to **June 15, 1955** that I last saw the deceased alive on **June 15, 1955**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. B. Casbolt M.D.	23b. ADDRESS 4000 Baltimore	23c. DATE SIGNED 6/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Belleville	24d. LOCATION (City, town, or county) (State) KANSAS
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DATE REC'D BY LOCAL REG. 6-16-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer Sons, Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
M. B. Casbolt

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.....
Signature of Student Embalmer

Signed.....
Richard L. Rogers

Licensed Embalmer No. 495

P. O. Address H.C. 20

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.