FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32321

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1103

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 13 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1020 Felix Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1020 Felix Street

01170

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): STANLEY
c. (Last): STAFFORD

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney Ass't.
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (City and State or Foreign Country): Burlington Jct., Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Stafford
13b. MOTHER'S MAIDEN NAME: Anna Stanley
14. NAME OF HUSBAND OR WIFE: DellaStafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-18-1888
17. INFORMANT'S SIGNATURE OR NAME: Della Stafford, Missouri — ADDRESS: St. Joseph

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Multiple Arthritis (unknown)
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Man died suddenly without a history of recent serious illness or disability.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ viewed the deceased from* On 10/12, 1955, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. F. Mundy (Coroner) M.D.
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 10/12/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 15, 1955
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph. Mo

DATE REC'D BY LOCAL REG.: Oct 20, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison 489
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Barry Funeral Home, St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.