

FILED FEB 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **54**

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4009** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) Savannah	c. LENGTH OF STAY (In this place) 4 Weeks	c. CITY OR TOWN Savannah	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. 304 N. 3rd Street		e. STREET ADDRESS (If rural, give location) 5 Miles North Savannah, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) Lawson c. (Last) Stafford			4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1878		9. AGE (In years last birthday) Months Days Hours Min. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Lawson	13b. MOTHER'S MAIDEN NAME Rachel Weddle	14. NAME OF HUSBAND OR WIFE Charles W. 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 ADDRESS Miss Lyrrell Stafford, Kansas City, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia 3 Day		INTERVAL BETWEEN ONSET AND DEATH. 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H. S. Heart Disease		
	DUE TO (c) Parkinson		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) (Min.)	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 **1-16-** 19**55**, to **Jan 23 1956** that I last saw the deceased alive on **1-20**, 19**56** and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Warren C. Baker	(Degree or title) _____	23b. ADDRESS Savannah, Mo.	23c. DATE SIGNED 1-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-56	24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	24d. LOCATION (City, town, or county) (State) Maryville, Mo.
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DATE REC'D BY LOCAL REG. 1-25-56	REGISTRAR'S SIGNATURE William Sparks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. A. Rich, Savannah, Mo.
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(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.....
Signature of Student Embalmer

Signed *Wm A Reid*.....

Licensed Embalmer No. *47*

P. O. Address *Javann*

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.