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FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13783**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5896 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>DE SOTO (RURAL VALLEY)</u> c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		c. CITY OR TOWN <u>DE SOTO</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 BLKS W OF DE SOTO ON HY H.</u>		e. STREET ADDRESS (If rural, give location) <u>3 BLKS W OF DE SOTO ON HY H.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WARREN</u>	b. (Middle) <u>PERRY</u>	c. (Last) <u>STAFFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 27 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 16 1877</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REI. FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barlow Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S.A.
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie A. Stafford</u>
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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 <u>James B. Stafford</u> ADDRESS <u>De Soto Mo.</u>
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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 <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gen. arterio sclerosis</u>		
	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. <u>Senility</u>		years <u>years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>F</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>De Soto Mo. Jeff. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from June 17 1955, to Apr 27 1956, that I last saw the deceased alive on Apr 16 1956, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald B. Detmold M.D.</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>Apr 27, 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 28 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgewood Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-30-56</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald B. Detmold</u> ADDRESS <u>De Soto Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 5 1958

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 *Donald B. [Signature]*.....

Licensed Embalmer No. *[Signature]*.....

P. O. Address *[Signature]*.....

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.