

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15833

State File No.

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salt Pone Twp.</u>		c. LENGTH OF STAY (If this place) <u>LIFETIME</u>		c. CITY OR TOWN <u>Sweet Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>2 mile north of Sweet Springs</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles north of Sweet Springs, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>STAFFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>November 30, 1874</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SALINE COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>ISAAC STAFFORD</u>			13b. MOTHER'S MAIDEN NAME <u>MAHALA PITTS</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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 ADDRESS <u>Wm. Stafford, Hoisington, Kansas</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Septicemia</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Abdominal Carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> <u>6 mos.</u> <u>2 years</u>	
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		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (m.)	
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 <u>Apr 2, 1957</u> , to <u>Apr 13, 1957</u> , that I last saw the deceased alive on <u>Apr 13, 1957</u> , and that death occurred at <u>1:20 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Roberts M.D.</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>4-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 16, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 15, 1957</u>		REGISTRAR'S SIGNATURE <u>Mary Massey</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>L. F. Laker</u>		ADDRESS <u>Sweet Springs, Mo.</u>	

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

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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 *L. F. Parker*.....

Licensed Embalmer No. 3840.....

P. O. Address Sweet Springs.....

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.