

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013405  
State File No.

FILED APR 24 1958

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>327</u>
1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Bloomfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>		f. STREET ADDRESS (If rural, give location) <b>Route 2,</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>BENJAMIN</b>	c. (Last) <b>STAFFORD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 29, 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 10-1880</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>19</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>crop farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Aquilla, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Cull Stafford</b>		13b. MOTHER'S MAIDEN NAME <b>Milliam</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Mae Stafford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Don Stafford, Bloomfield, Mo.</b>		
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 <b>Peritonitis acute Gen. 5 day Cause Undetermined</b>		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cause Undetermined</b> DUE TO (c)		
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 checked="" type="checkbox"/> YES <input 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) <b>576X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <b>28 Mar 58</b> , to <b>29 Mar 58</b> , that I last saw the deceased alive on <b>29 Mar 58</b> and that death occurred at <b>59</b> m., from the causes and on the date stated above.				
23. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>321 Oak Poplar Bluff Mo 65079 58</b>	23c. DATE SIGNED <b>1958</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 31-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>North Antioch</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4/19/58</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES UND. CO. Bloomfield, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 21 1958  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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, <sup>&</sup> by Lulu Cooper # 3499....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ivan B. Boger.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield,.....

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.