

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024346
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 39

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Branson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Branson</u> 10600 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in lb <u>20 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>105 Sunshine</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Stafford</u>			4. DATE OF DEATH Month Day Year <u>6-8-58</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 6, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) <u>Taney Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

12a. FATHER'S NAME <u>Thomas Stafford</u>		12b. MOTHER'S MAIDEN NAME <u>Hettie Ellison</u>		12c. NAME OF HUSBAND OR WIFE <u>Trude Stafford</u>	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-61-6578</u>	17. INFORMANT <u>Trude Stafford</u> Address <u>Branson Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4301</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immobile</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 1935 to June 1958 and last saw him alive on 6-7-58
Death occurred at 9:30 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joe D. Bennett M.D.</u>	22b. ADDRESS <u>Branson, Mo</u>	22c. DATE SIGNED <u>6-13-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bank Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Branson MO</u>
24. FUNERAL DIRECTOR <u>Whelchel R. Home</u>	ADDRESS <u>Branson MO</u>	25. DATE RECD. BY LOCAL REG. <u>6-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Minnie J. Whelsh*

Licensed Embalmer No. *2277*

P. O. Address *Brunson*

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.