V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035861
State File No.

BIRTH NO. Filed OCT 30 1958 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 311

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~Miller~~ Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0710 Versailles, Mo.
d. STREET ADDRESS (If rural, give location): 4 M. S. W. VERSAILLES, MO.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) HENDERSON c. (Last) Stafford
4. DATE OF DEATH (Month) (Day) (Year): October 25, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 17 1872
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): NO RECORD 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: NO RECORD
13b. MOTHER'S MAIDEN NAME: NO RECORD.
14. NAME OF HUSBAND OR WIFE: MINNIE STAFFORD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S ~~SIGNATURE OR~~ NAME ADDRESS: PAUL STAFFORD VERSAILLES, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture right femur.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Oct. 25, 1958
19b. MAJOR FINDINGS OF OPERATION: Fracture right femur.
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) 071 (COUNTY) (STATE): Versailles, Morgan, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 18 1958 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Patient Fell.

22. *I hereby certify that I attended the deceased from* Oct. 19, 1958, *to* Oct. 25, 1958, *that I last saw the deceased alive on* Oct. 25, 1958, *and that death occurred at* 5 30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred O. Lietzin (Degree or title) M.D.
23b. ADDRESS: 213 Jackson Jefferson City, Mo.
23c. DATE SIGNED: 10/25/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 25 OCT-58
24c. NAME OF CEMETERY OR CREMATORY: VERSAILLES CEM.
24d. LOCATION (City, town, or county) (State): VERSAILLES, MO.

DATE REC'D BY LOCAL REG.: 27 Oct 1958
REGISTRAR'S SIGNATURE: R. P. Dorris, MD-NR.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. F. KIDWELL VERSAILLES MO.

(Licensed Embalmer's Statement on Reverse Side)

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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 _____
Student Embalmer

Signed Raymond C. Forbes

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

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 this body is not embalmed, fact should be so stated above.