

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008876
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 096 Primary Registration District No. Registrar's No. 16

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Dallas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dallas</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Long Lane R.R.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>8 mi NE of Buffalo</i> Life		d. STREET ADDRESS (If outside, give location) <i>8 mi NE of Buffalo</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>JOHN H STAFFORD</i>			4. DATE OF DEATH Month Day Year <i>3 18 1959</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-17-1892</i>	9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days <i>2 1</i>	IF UNDER 24 HRS. Hours Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (City and state or country) <i>Dallas co mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>u.s.</i>

13a. FATHER'S NAME <i>Bird Stafford</i>		13b. MOTHER'S MAIDEN NAME <i>Clara Evans</i>		14. NAME OF HUSBAND OR WIFE <i>Greene Stafford</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Greene Stafford Long Lane mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>			
DUE TO (c) <i></i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 <i>1950</i> to <i>1959</i> and last saw him alive on <i>2-1-59</i> Death occurred at <i>215 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>D. J. Hannon M.D.</i>			22b. ADDRESS <i>Buffalo Mo.</i>		22c. DATE SIGNED <i>3-21-59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-21-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Benton Branch</i>		23d. LOCATION (City, town, or county) (State) <i>Dallas co. mo.</i>
24. FUNERAL DIRECTOR <i>L.B. Jones Buffalo, mo.</i>			25. DATE RECD. BY LOCAL REG. <i>3/30/59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs Vera Petree</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *me* , Student Embalmer No. ✓ working under my personal supervision.

Student *✓*
Signature of Student Embalmer

Signed *R.E. Cleathan*

Licensed Embalmer No. *3813*

P. O. Address *Buffalo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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