

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010454

FILED VS MAR 24 1960

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 54

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kennett 03522</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>S. Vandeventer</u>				Length of stay in lb <u>3 1 day</u>		d. STREET ADDRESS (If outside, give location) <u>313 S. Vandeventer</u>	
3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>Ann</u> Last <u>Stafford</u>				4. DATE OF DEATH Month <u>3</u> Day <u>9</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-20-1892</u>		9. AGE (In years and birthday) <u>67</u> months <u>5</u> days <u>19</u> hours <u></u> min.	
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Owensboro, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Riggs</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Willie O. Stafford (dec)</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 <u>Vestel Stafford</u> Address <u>Pontiac, Mich.</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>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>332X</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 _____ 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 <u>3-8-60</u> to <u>3-9-60</u> and last saw her alive on <u>3-9-60</u> Death occurred at <u>approximately 6:00a</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L.C. Wilson, MD</u> (Name or title)				22b. ADDRESS <u>Kennett Mo</u>		22c. DATE SIGNED <u>3-14-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-12-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hazel</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett Missouri</u>		
24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>3-17-60</u>		26. REGISTRAR'S SIGNATURE <u>Earl Thurman</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Dept. 3-21-60
Co. File No. 360-92

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 Henry L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.