

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 31 1960

Registration District No. 246 Primary Registration District No. 5835 Registrar's No. 139 **60-011909**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN Shoel Creek</b> Length of stay in lb <b>15 YRS</b>		c. CITY OR TOWN <b>JOPLIN</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>424 E. 32ND ST.</b>		d. STREET ADDRESS <b>424 E. 32ND ST.</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>SAM</b> Middle <b>CLIFTON</b> Last <b>STAFFORD</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>16</b> , Year <b>1960</b>	
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-13-1886</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED- OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TROUT FARM</b>	11. BIRTHPLACE (City and state or country) <b>GAINESBORO, TENN.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JACK STAFFORD</b>	13b. MOTHER'S MAIDEN NAME <b>MARTELLA STAMP</b>	14. NAME OF HUSBAND OR WIFE <b>ALICE STAFFORD</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT <b>MRS. ALICE STAFFORD, 424 E. 32ND,</b>	Address <b>JOPLIN, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Asphyxia</b>		<b>5 Min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pulmonary Hemorrhage</b>	<b>10 Min.</b>
	DUE TO (c) <b>Bronchiogenic Carcinoma</b>	<b>5 Months</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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"/> <b>None</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>None</b>	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.) <b>None</b>	20f. CITY, TOWN, OR LOCATION <b>JOPLIN</b>	COUNTY <b>NEWTON</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from <b>4-24-59</b> to <b>3-16-60</b> and last saw <sup>her</sup> <sub>him</sub> <b>live on</b> <b>March 16, 1960</b>	
Death occurred at <b>9:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>J. E. Stephens D.O.</i> (Degree or title)	22b. ADDRESS <b>211 West 20th St., Joplin, Missouri</b>	22c. DATE SIGNED <b>5-16-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-20-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY, EAST OF ANDERSON, MISSOURI</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN,</b>	ADDRESS <b>MO. 3-23-1960</b>	25. DATE RECD. BY LOCAL REG. <b>3-23-1960</b>	26. REGISTRAR'S SIGNATURE <i>Doore Merriam</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2318

P. O. Address Joplin, 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.