

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038785

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 92

FILED NOV 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0037

2 0030

3

4 0

5 2

6

7 0

8 2

9 4201

10

11

12 90-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio		Length of stay in 1b 1 week	c. CITY OR TOWN Tarkio
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 S. 1st St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 S. 1st St.
3. NAME OF DECEASED (Type or print) First Middle Last William Emmett Stafford			4. DATE OF DEATH Month Day Year October 6 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/15/1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min. 10 21	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Wilcox, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Geo. Stafford	
13b. MOTHER'S MAIDEN NAME Belle Thompson		14. NAME OF HUSBAND OR WIFE Dottie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Margaret Burton, Modesto, Calif.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion & myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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
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. p.m.	Month, Day, Year		
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 3/25/52 to 10/6/63 and last saw him alive on 7/9/63 Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. E. Stafford</i>		(Degree or title) Tarkio, Missouri	22c. DATE SIGNED 10/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/9/63	23c. NAME OF CEMETERY OR CREMATORY Burlington Ict.	23d. LOCATION (City, town, or county) Burlington Ict. Missouri
24. FUNERAL DIRECTOR Davis Funeral Home, Tarkio, Missouri		25. DATE RECD. BY LOCAL REG. Oct. 18, 1963	26. REGISTRAR'S SIGNATURE <i>Thermin N. Schaefer</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 5 1963

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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.