

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

0009674

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 S117

2 S117

3

4 0

5 1

6

7 0

8 2

9 201

10

11

12 92.0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

W. P. McDonald, M.D.

1. PLACE OF DEATH  
a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Joseph

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION DOA Methodist Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2810 Duncan

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
WALTER L. DAFFRON Jr.

4. DATE OF DEATH Month Day Year  
March 21 1965

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
6-27-1912

9. AGE (last birthday)  
52

IF UNDER 1 YEAR  
Months Days  
IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Credit Mgr.

10b. KIND OF BUSINESS OR INDUSTRY  
Retail Dept. Store

11. BIRTHPLACE (City and state or country)  
Santa Rosa, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Walter L. Daffron Sr.

13b. MOTHER'S MAIDEN NAME

Emma Carpenter

14. NAME OF HUSBAND OR WIFE

Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes W.W. # 2

16. SOCIAL SECURITY NO.  
491-09-7635

17. INFORMANT Address  
Frances Daffron St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH  
immediate

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

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 ☐ NOT WHILE AT WORK ☐

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 April 1946 to death and last saw him alive on Feb 24, 1965  
Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Walter B. McDonald, M.D.

22b. ADDRESS

301 N. 8th St. St. Joseph, Mo.

22c. DATE SIGNED

22 March 65

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

Mar. 24, 1965

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.O. Sidenfaden & Son St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 25, 1965

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

030

**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 Barbara Jean Fortmann, Student Embalmer No. 741

working under my personal supervision.

Student Barbara Jean Fortman  
Signature of Student Embalmer

Signed Robert A. Nash JAN 1964

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.