

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29822

BIRTH NO.		REG. DIST. NO. 502		PRIMARY REG. DIST. NO. 5416		Registrar's No. 12			
1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Dunklin</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Cardwell Pt 1</i>		c. LENGTH OF STAY (in this place) <i>None</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Cardwell, mo: Pt 1 35</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Emmette</i>		b. (Middle) <i>(NONE)</i>		c. (Last) <i>Stafford</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>OCT 4 1949</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED		8. DATE OF BIRTH <i>July 30, 1949</i>			
9. AGE (In years last birthday) <i>2</i>		IF UNDER 1 YEAR Months <i>4</i>		IF UNDER 12 HRS. Hours <i>4</i> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Green co: Ark.</i>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Walter Stafford</i>		13b. MOTHER'S MAIDEN NAME <i>Letha Williams</i>		14. NAME OF HUSBAND OR WIFE					
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'S SIGNATURE OR NAME ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Colitis</i>				ANTECEDENT CAUSES					
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<i>710</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Walter A. Howard</i> Coroner				23b. ADDRESS <i>Kennett, Mo</i>		23c. DATE SIGNED <i>10-6-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>OCT. 6 - 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cardwell</i>		24d. LOCATION (City, town, or county) (State) <i>Cardwell, Mo</i>			
DATE REC'D BY LOCAL REG. <i>10-10-49</i>		REGISTRAR'S SIGNATURE <i>E. L. Harrison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Howard Funeral Service, Cardwell, mo</i>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 12 1949
District Health Office No. _____
District File Number 1049-102
Date Filed _____

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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