

FILED JUL 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23367**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5460** Registrar's No. **640**

1393

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Township		c. LENGTH OF STAY (In this place) 2 hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION James River, Kinser Bridge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bruner	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Stafford c. (Last) Stafford		4. DATE OF DEATH (Month) (Day) (Year) July 16 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 29, 1929
9. AGE (In years last birthday) 21		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher	10b. KIND OF BUSINESS OR INDUSTRY Cafe employee
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andy Stafford		13b. MOTHER'S MAIDEN NAME Unknown	
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) No	
16. SOCIAL SECURITY NO. 495-30-0468		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Peggy Wilson, Springfield, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation By Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Drowning DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 039	
20. AUTOPSY NO		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Greene Mo.	
21d. TIME OF INJURY July 16-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Drowned in River		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at 4:15 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Randolph D. Cozner		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED 7-16-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 17, 1950		24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) unknown Fordland, Missouri	
DATE REC'D BY LOCAL REG. 7-17-50		REGISTRAR'S SIGNATURE W E Kaudler	
25. FUNERAL DIRECTOR'S SIGNATURE Alma Schaefer		ADDRESS B. 744 Springfield, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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.

Signed Lee Mason

Signed _____
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address. Springfield, 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 this body is not embalmed, fact should be so stated above.