

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12820

1486

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1486</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>12 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3415 Flora Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3415 Flora Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3415 Flora Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>		b. (Middle) <u>M.</u>		c. (Last) <u>STANFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 22, 1883</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Appleton City, Missouri</u>	
13a. FATHER'S NAME <u>Edward McConnell</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Hedrick</u>			14. NAME OF HUSBAND OR WIFE <u>William Stanford</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Teetor</u> ADDRESS <u>3415 Flora Ave. Kansas City, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per item of (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease (trauma or complication) which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General metastatic carcinoma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Had an adenocarcinoma of left breast - raw area 4 1/2 years ago</u> DUE TO (c) <u>metastases mainly in the lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4 1/2 years ago</u>				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) _____		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 <u>Jan - 1951</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 4, 1951</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Allen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Independent</u>		23c. DATE SIGNED <u>4-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-5-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Purceman</u> ADDRESS <u>1331 Brush Creek Blvd Kansas City, Missouri</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Doyle L. Daniel*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address: *Kansas City, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 12820

State of Missouri }  
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 16 day of April, 1951, before me appears Ruth  
Stanford Loper, who, upon her oath, states that the original record of ~~birth-~~ death  
for Grace Stanford ~~born-~~ died April 5, 1951, in the State of  
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

- Item No. .... should read Birth date should read October 22, 1883.
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Ruth Stanford Loper Daughter  
Relationship.

5219 West 70th St., Mission, Kansas  
Present Address.

Subscribed and sworn to before me this 16 day of April, 1951.

My Commission expires My Commission Expires December 4, 1958 Betty D. White Notary Public.