

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4674  
Registrar's No. 147

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 147	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 212 N. 8th Avenue West			
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE		b. (Middle) C.		c. (Last) STAFFORD		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1952	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0		8. DATE OF BIRTH 1 May 1900	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Eating houses		11. BIRTHPLACE (State or foreign country) Cedar Gap, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles L. Stafford		13b. MOTHER'S MAIDEN NAME Ellen M. (unknown)		14. NAME OF HUSBAND OR WIFE none			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Cleo DeBoe, 212 N. 8th Ave. West, Springfield, Missouri			
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) Ca Bladder -  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fract. Clavicle - Left DUE TO (c) A.S. Heart disease				INTERVAL BETWEEN ONSET AND DEATH 8 Mo. 4 days 2 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 133 E9030 - H 20 - H				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell			
22. I hereby certify that I attended the deceased from 6-18-1951, to 2-16-1952, that I last saw the deceased alive on 2-16-1952, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Joseph N. Hill, M.D. (Degree or title)				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 2-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 21 Feb. 1952		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
DATE REC'D BY LOCAL REG. 2-20-52		REGISTRAR'S SIGNATURE James H. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Paul C. Thomas, Springfield, Missouri			

0396  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Hill - City Hall

1001  
2-27-77

**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 Ralph H. Thiem  
.....

Licensed Embalmer No. 2899  
.....

P. O. Address Springfield, Missouri.  
.....

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.