

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23719**

FILED AUG 11 1952

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 829	
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
c. LENGTH OF STAY (in this place) 16 years		d. STREET ADDRESS (If rural, give location) 901 N. 12th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 N. 12th St.		4. DATE OF DEATH (Month) (Day) (Year) August 2, 1952			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) C.		c. (Last) Stafford	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 21, 1885	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) deputy sheriff		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dearborn, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James B. Stafford			
13b. MOTHER'S MAIDEN NAME Melisia Grable		14. NAME OF HUSBAND OR WIFE Jimmie L. Stafford			
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. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jimmie L. Stafford, 901 N. 12th, St. Joseph	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES None 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. Ulcers of Stomach			INTERVAL BETWEEN ONSET AND DEATH 1 year
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1561	
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 July 26th 1952 , to Aug. 2nd , 1952, that I last saw the deceased alive on Aug 2nd 1952 and that death occurred at 10:15a.m. , from the causes and on the date stated above.					
23a. SIGNATURE B. W. Tadlock		23b. ADDRESS M. D., King Hill Bldg		23c. DATE SIGNED 8/4 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/4/1952		24c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery	
24d. LOCATION (City, town, or county) (State) Dearborn, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home Joseph M.			
DATE REC'D BY LOCAL REG. August 7, 1952		REGISTRAR'S SIGNATURE Carl C. East			

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 _____

Y _____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Eugene Wood* _____

Licensed Embalmer No. *3804* _____

P. O. Address *319 So 10th 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 this body is not embalmed, fact should be so stated above.