

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34500

State File No.

DECEASED OCT 18 1952

0240

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLIXTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>	
c. LENGTH OF STAY (In this place) <u>5 da.</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VERA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>STAFFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-10-1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>OCT-27-1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Blytheedale Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>

13a. FATHER'S NAME <u>JOHN F. WISHON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MAUD STEWART</u>		14. NAME OF HUSBAND OR WIFE <u>C.N. STAFFORD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Timney</u> ADDRESS <u>N.R.C. Mo.</u>	

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) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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 Oct 5, 1952 to 10-10, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Smithville Mo. 64501</u>		23c. DATE SIGNED <u>10/13/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cammsville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cammsville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-12-52</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer Crum</u> ADDRESS <u>Cammsville, Mo.</u>		

(Licensed Embalmer's Statement on 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.