

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3038 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) Carthage		0493 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 Fulton St.		d. STREET ADDRESS (If rural, give location) 316 Fulton St.	

3. NAME OF DECEASED (Type or Print) George Riley Stafford			4. DATE OF DEATH March 11, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept. 25, 1879	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd		10b. KIND OF BUSINESS OR INDUSTRY Quarryman	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Stafford	13b. MOTHER'S MAIDEN NAME Mary Naomi Maynard	14. NAME OF HUSBAND OR WIFE Mary Naomi Maynard
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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. yes	17. INFORMANT'S SIGNATURE OR NAME Gene Stafford	ADDRESS Route # 3 Carthage
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis over		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 17 Apr '54, to 11 Mar '54, 1954, that I last saw the deceased alive on 8 Mar '54, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

22a. SIGNATURE H. B. Boyd	(Degree or title) M. D.	22b. ADDRESS Carthage, Missouri	22c. DATE SIGNED 3-13-54
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-15-1954	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 3-13-54	REGISTRAR'S SIGNATURE Lloyd B. Christman	25. FUNERAL DIRECTOR'S SIGNATURE Illmer Funeral Home	ADDRESS Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 17 1954
Jasper County Health Office
County File Number 54-3-219
Date Filed MAR 17 1954

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

Edwin C. Thomas, Jr.

Licensed Embalmer No. 1955

P. O. Address Carthage, 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.