

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 515

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Cass / 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Cass

b. CITY (If outside corporate limits, give rural and give township) c. LENGTH OF STAY (in this place) OR TOWN Archie, Mo. 1 yr. c. CITY OR TOWN Archie d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At his home, 5 miles N.E. Archie, Mo. e. STREET ADDRESS (If rural, give location) R1 0190 0

3. NAME OF DECEASED a. (First) Willard b. (Middle) Sloan c. (Last) Stafford 4. DATE OF DEATH (Month) (Day) (Year) Jan. 29 1955

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / 8. DATE OF BIRTH July 13 1895 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist and Jeweler 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) New Hampton Mo. 0 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Esley Stafford 13b. MOTHER'S MAIDEN NAME Ella Rice 14. NAME OF HUSBAND OR WIFE Mrs. LaVeta Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NO 16. SOCIAL SECURITY NO. 500-12-1950 17. INFORMANT'S SIGNATURE OR NAME Mrs. LaVeta Stafford Archie Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 10 min. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown 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 4201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1949, to 1-29, 1955, that I last saw the deceased alive on 1-25, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

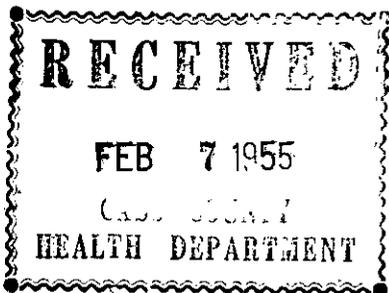
23a. SIGNATURE (Degree or title) E. S. Coleman J. R. C. 23b. ADDRESS Adrian Mo 23c. DATE SIGNED Jan 31 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 1 1955 24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery 24d. LOCATION (City, town, or county) (State) Independence, Mo.

DATE REC'D BY LOCAL REG. FEB 1 1955 REGISTRAR'S SIGNATURE Doras Barward 457-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkinson Bros. Funeral Home, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Robert W. Atkinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Amesbury*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**