

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 746

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>0110</u>	
b. CITY OR TOWN <u>Crawford Twp.</u> /	c. LENGTH OF STAY (in this place) <u>3 years</u>	c. CITY OR TOWN <u>Wallace</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. of Wallace, Mo.</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cora</u>	b. (Middle) <u>Melinda</u>	c. (Last) <u>Stafford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1955</u>
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5. SEX <u>female</u> /	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> <u>0</u>	8. DATE OF BIRTH <u>February 14, 1875</u>	9. AGE (in years last birthday) <u>80</u>	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin W. Stafford</u>	13b. MOTHER'S MAIDEN NAME <u>Agathe McClanahan</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. R. Gaines, Wallace, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arthritis</u> DUE TO (c) <u>4343</u>		
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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 10, 1955, to July 21, 1955 that I last saw the deceased alive on July 10, 1955, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. Moore MD</u> (Degree or title)	23b. ADDRESS <u>Dearborn MO</u>	23c. DATE SIGNED <u>July 22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/23/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stafford Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dearborn, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Cathleen M. Allison</u> <u>435</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bauman</u> ADDRESS <u>St. Joseph, Mo.</u>
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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.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *495*.....

P.O. Address *St. Joseph*.....

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.