

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25405

State File No.

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 961

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. LENGTH OF STAY (In this place) 25 yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospt		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) 5318 So. 1st St. 01170	

3. NAME OF DECEASED (Type or Print)	a. (First) Willard	b. (Middle) Raymond	c. (Last) Stafford	4. DATE OF DEATH (Month) Aug. (Day) 27, (Year) 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1908	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	10b. KIND OF BUSINESS OR INDUSTRY Retail Furniture	11. BIRTHPLACE (City and State or Foreign Country) Richville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Stafford	13b. MOTHER'S MAIDEN NAME Lizzie Hilsenbeck	14. NAME OF HUSBAND OR WIFE Blanche Stafford
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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) Yes W. W. 2	16. SOCIAL SECURITY NO. 491-10-7193	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Stafford 5318 S. 1st St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Mitral Insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	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. <i>None</i>		

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>410x</i>	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 *Aug 27*, 19*55*, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *5:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>B.W. Tadlock</i>	(Degree or title) <i>acting coroner</i>	23b. ADDRESS <i>703 So. 13th St. City</i>	23c. DATE SIGNED <i>Aug 28, 55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	24d. LOCATION (City, town, or county) (State) Fillmore, Mo.
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DATE REC'D BY LOCAL REG. Sept 8, 1955	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	485- _____	25. FUNERAL DIRECTOR'S SIGNATURE <i>Clara Clark</i>	ADDRESS Clark Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

