

FILED APR 2 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **10165**BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-966 Registrar's No. 20

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| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u> <u>Preston</u> | c. LENGTH OF STAY (in this place) <u>2 Yrs.</u> | c. CITY OR TOWN <u>Pattonsburg</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | f. STREET ADDRESS (If rural, give location) <u>0310</u> | |

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|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosette Margretta</u> b. (Middle) <u>Stafford</u> c. (Last) <u>Stafford</u> | | | 4. DATE OF DEATH <u>March 11, 1956</u> (Month) (Day) (Year) | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 5, 1874</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper & wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Charles W. Rhoads</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Stout</u> | 14. NAME OF HUSBAND OR WIFE <u>Winton Stafford</u> |
| 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. Zelma Ferguson, Edgerton, Missouri</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, asthensia, 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>myocarditis.</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>old age.</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) <u>NO.</u> | 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

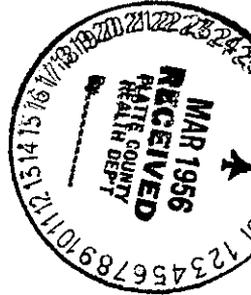
22. I hereby certify that I attended the deceased from Jan. 10, 1956, to Mar. 11, 1956, that I last saw the deceased alive on Mar. 11, 1956, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John A. Robinson, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Edgerton, Mo.</u> | 23c. DATE SIGNED <u>Mar. 12, 56.</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 13, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Muddy Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>Mar. 12-56</u> | REGISTRAR'S SIGNATURE <u>B. P. Rallins</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Lutz</u> ADDRESS <u>Pattonsburg, Mo.</u> |
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(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.....
Signature of Student Embalmer

Signed *Louis Gues*.....

Licensed Embalmer No. *44*.....

P. O. Address *Katona*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.