

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31577

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Paris Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Paris Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>07820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>E 7th. Street (Behind Brantley Store) E 7th. St. Rear Brantley Store</u>			

3. NAME OF DECEASED (Type or Print) <u>Bessie Tatum Stafford</u>		4. DATE (Month) (Day) (Year) DEATH <u>Sept. 28, 1956</u>	
a. (First)	b. (Middle)	c. (Last)	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 6, 1898</u>	9. AGE (In years, months, and days) <u>58</u>	10. IF UNDER 18 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arlington, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Rube Tatum</u>	13b. MOTHER'S MAIDEN NAME <u>Lelia Henley</u>	14. NAME OF HUSBAND OR WIFE <u>Jimmie Stafford</u>
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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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jimmie Stafford</u> ADDRESS <u>Caruthersville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid Carcinoma of left upper gingiva</u>		
	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. <u>144X</u>			

19a. DATE OF OPERATION <u>Nov. 27, 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Removal of most of L. Maxilla + palate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Paris Scott Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7-14-, 1956, to 9-28-, 1956 that I last saw the deceased alive on 9-28-, 1956 and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. W. Cook M. D.</u> (Degree or title)	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>10-1-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 29, '56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 2, 1956</u>	REGISTRAR'S SIGNATURE <u>Fessie B. White</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2470

10-261-56

OCT 5 - 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CAUTHERSVILLE, MO.

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..

*This body was not embalmed*

Student.....  
Signature of Student Embalmer

Signed *W. Denver Pike*

Licensed Embalmer No. *4484*

P. O. Address *Cauthersville*

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.