

Health, Welfare
Public Service

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE LICENSE NUMBER 13431
1855

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FORT DODGE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORAN HOSPITAL		Length of stay in lb 19 days	d. STREET (If outside, give location) ADDRESS 909 7th AVE. N.
3. NAME OF DECEASED (Type or print) Roy ERNEST STAFFORD			4. DATE OF DEATH Month Day Year APRIL 18 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 28 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMER MEAT PACKING Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 58
13a. FATHER'S NAME UNKNOWN STAFFORD		13b. MOTHER'S MAIDEN NAME UNKNOWN	11. BIRTHPLACE (City and state or country) 9 U. S. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 481-19-5101	12. CITIZEN OF WHAT COUNTRY? U. S. A.
17. INFORMANT Address FORT DODGE, IOWA GUENTHER'S FUNERAL HOME			14. NAME OF HUSBAND OR WIFE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Extensive Liver Metastasis DUE TO (c) Cancer Recto-Sigmoid			INTERVAL BETWEEN ONSET AND DEATH 154X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3/30/57 to 4/18/57 and last saw him alive on 4/18/57 Death occurred at 5:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Date or title) Philip Stalper M.D.		22b. ADDRESS 701 E. 63rd St	22c. DATE SIGNED 4/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE APR. 19 1957	23c. NAME OF CEMETERY OR CREMATORY -
23d. LOCATION (City, town, or county) (State) FORT DODGE, IOWA			
24. FUNERAL DIRECTOR D.W. Newcomer's Sons K.C., MO		25. DATE RECD. BY LOCAL REG. 4-19-57	26. REGISTRAR'S SIGNATURE Irene Marshall

Phillip H. Haseberry BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms when the deceased died. All diseases in Part I must be causally related.



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 *Raymond M. Hardy* _____

Licensed Embalmer No. *4913* _____
P. O. Address *Indep, M* _____

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.