

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025055
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 101 Primary Registration District No. 5411 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY DOUGLAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPENCER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FOYDLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FOYDLAND RT 2		Length of stay in 1b 78 YEARS	d. STREET ADDRESS (If outside, give location) ROUTE 2
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE W STAFFORD			4. DATE OF DEATH Month Day Year AUGUST 3 1958
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 FEB-28-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) DOUGLAS CO MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME IYENE STAFFORD	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address L.T. Cambria Foydland RT 2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension.</u> DUE TO (c) <u>Atherosclerosis.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None.</u>			INTERVAL BETWEEN ONSET AND DEATH
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 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 <u>July 7, 1958</u> , to <u>August 3, 1958</u> and last saw him alive on <u>8/1/58</u> . Death occurred at <u>7:30 p.m.</u> on the <u>site</u> stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D.R. Schultz, M.D.</u>		22b. ADDRESS <u>Foydland, MO.</u>	22c. DATE SIGNED <u>8/5/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>AUGUST-6-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION CHAPEL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO MO</u>
24. FUNERAL DIRECTOR <u>Kelley-Ferrell-Conney</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 7-58</u>	26. REGISTRAR'S SIGNATURE <u>Wesley Bushman</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Wm K Lurrell*

Licensed Embalmer No. *4910*

P. O. Address *Bozonsville, Va*

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.