

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016231
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 85

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Pemiscot</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u> | | c. CITY OR TOWN <u>Caruthersville</u> | |
| Length of stay in lb <u>6 Hours</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pem. County Mem. Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>1011 Beckwith Avenue</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH |
| First <u>James</u> Middle <u>"Jim"</u> Last <u>Wesley Stafford</u> | | | Month <u>April</u> Day <u>25</u> , Year <u>1962</u> |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH |
| <u>Male</u> | <u>White</u> | | <u>1/3/1895</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm-Night Watchman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u> | 9. AGE (last birthday) <u>67</u> |
| 11a. BIRTHPLACE (City and state or country) <u>Oakland, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Will Stafford</u> | | 13b. MOTHER'S MAIDEN NAME | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW1</u> | | 17. INFORMANT Address <u>Mrs. Macie Leasure-Caruthersville.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> |
| IMMEDIATE CAUSE (a) <u>CVA</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) _____ | | | |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis.</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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>Apr 24/62</u> to <u>Apr 25/62</u> last saw him alive on <u>Apr 25/62</u> | | Death occurred at <u>3:20</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>[Address]</u> | 22c. DATE SIGNED <u>4/27/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Apr. 27, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>H.S. Smith F. Home-Caruthersville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-1-62</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Slaw</u> |

USE BLACK INK OR TYPEWRITER RIBBON

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 W. Deaver Jike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo.

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.