

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023609

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 66

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 10 1962**

1. PLACED IN CHARGE  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lee's Summit** Length of stay in 1b **6 days**

c. CITY OR TOWN **Lone Jack** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **610 Jefferson St.** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **Town** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Mamie Frances Stafford June 24, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Jan. 21, 1879** 9. AGE (last birthday) **83**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Illinois** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Lewis Marshall** 13b. MOTHER'S MAIDEN NAME **Alvis Rose Cassidy** 14. NAME OF HUSBAND OR WIFE **L. B. Stafford (DEC)**

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. **None** 17. INFORMANT **W.F. Stafford, Lee's Summit, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Hypostatic pneumonia** INTERVAL BETWEEN ONSET AND DEATH **2 da**  
DUE TO (b) **Fracture of left clavicle & bruises from a fall - concussion of skull** **21 da**  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **fell out of bed?**

20c. TIME OF INJURY Hour **?** a.m. **?** p.m. **6-3-62**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **3526 Walnut KC mo** 20f. CITY, TOWN, OR LOCATION **Lee's Summit Mo** COUNTY **Jackson** STATE **MO**

21. I attended the deceased from **6-18-62** to **6-24-62** and last saw her alive on **6-23-62**  
Death occurred at **Lee's Summit Mo** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Lee's Summit Mo** 22c. DATE SIGNED **6-25-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 26, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Lone Jack Cemetery** 23d. LOCATION (City, town, or county) (State) **Lone Jack, Missouri**

24. FUNERAL DIRECTOR **Langsford Funeral Home, Lee's Summit** ADDRESS **Missouri** 25. DATE RECD. BY LOCAL REG. **6-25-1962** 26. REGISTRAR'S SIGNATURE **[Signature]**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
17004  
270002  
3  
4 1  
5 2  
6  
7 1  
8 1  
99028  
10 45  
11 700  
12 70-0  
13 2-0

**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 D. B. Langford

Licensed Embalmer No. 4962

P. O. Address Lee Summit, 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.