

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012392

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 20 1963  
 District No. 195

Primary Registration District No.

Registrar's No. 17-63

STATE FILE NUMBER

VS 300  
 Rev. 4/59

10600  
 28030  
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 4 0  
 5 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>MC DONALD</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ARKANSAS</b> COUNTY <b>BENTON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL (CAVERNA)</b>		Length of stay in 1b <b>15 MINUTES</b>	c. CITY OR TOWN <b>RURAL 4 MILES NORTH ROGERS, ARKANSAS</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>(CAVERNA)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE # 4, ROGERS</b>		
3. NAME OF DECEASED (Type or print) <b>HAROLD (n) STAFFORD</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>5</b> Year <b>1963</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/1/1912</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>	11. BIRTHPLACE (City and state or country) <b>NETAWAKA, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>ALONZO STAFFORD</b>		13b. MOTHER'S MAIDEN NAME <b>MARSHA BALDWIN</b>		14. NAME OF HUSBAND OR WIFE <b>LIDA SCHEID STAFFORD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I.I</b>			17. INFORMANT Address <b>H. Mrs. Lida S. Stafford R.H. Rogers, Ark.</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Presumed to "Natural Causes"</b>					<b>Sudden</b>
DUE TO (b) <b>Possible Heart Condition. Investigated by Curt Bradley, Deputy Coroner.</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) <b>Treated by Physician for 4 years for Heart</b>					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.) <b>Condition</b>	
20c. TIME OF INJURY <b>2:30 p.m.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Mary A. Bradley, Registrar</b>			22b. ADDRESS <b>Genevieve, Missouri</b>		22c. DATE SIGNED <b>3/18/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>3/5/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PEA RIDGE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>PEA RIDGE (BENTON) ARK.</b>
24. GENERAL DIRECTOR ADDRESS <b>BURNS FUNERAL HOME - ROGERS, ARK. William J. Burns</b>			25. DATE RECD. BY LOCAL REG. <b>3/18/63</b>	26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>	

Ark. Lic. # 550

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MAR 21 1963

Remains Permitted Janned 3/6/63

**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,

~~###~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William F. Burns*  
**William F. Burns**

Licensed Embalmer No. 550\* ARKANSAS

P. O. Address N. 4th & W. Maple Sts.

Rogers, Arkansas

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.

*Classified*