

51447

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 417

FILED AUG 30 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Iowa b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b	c. CITY OR TOWN Des Moines
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 902 Connor Ave.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Arlington Stafford			4. DATE OF DEATH Month Day Year August 17, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-1902
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce dealer		10b. KIND OF BUSINESS OR INDUSTRY City Market	11. BIRTHPLACE (City and state or country) Unk
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John A. Stafford	
13b. MOTHER'S MAIDEN NAME JoAnn Farmer		14. NAME OF HUSBAND OR WIFE Viola Stafford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Viola Stafford, Des Moines, Iowa		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Coronary Atherosclerosis			unk
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 February 1963 to August 1963 and last saw him alive on 8/16/63 Death occurred at 10:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. C. Selbaine M.D.		22b. ADDRESS 408 W 4th St. Joplin, Mo	22c. DATE SIGNED 8/26/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-1963	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) Joplin, Missouri (State)
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 8-26-1963	26. REGISTRAR'S SIGNATURE Dove Merriam

FD-300-1012

1979

PPA:
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STATEMENT BY LICENSED EMBALMER

10-5

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 Robert C. Zank

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.