WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3-7-83 M.B. Weisser

REC'D AUG 1 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 25684

1. PLACE OF DEATH
   (a) County Crawley — Registration District No. 328
   (b) Township Trenton — Primary Registration District No. 5459 — Registered No.
   (c) City Trenton Mo — (d) Street No. ..... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George H Stookey
   (a) Residence, No. 320 Gilman Cty Mo St.
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annettie Stookey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1853

7. AGE: YEARS 77 — MONTHS 3 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1916
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Simon Stookey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Annettie Stookey Gilman Cty Mo

18. BURIAL, CREMATION, OR REMOVAL Brook Ridge Cem. DATE Sept 9 1930

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Haines Gilman City Mo.

20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1930

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to Sept 7, 1930
I last saw him alive on August 24, 1930. Death is said to have occurred on the date stated above, at H. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellatus	1928

54

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Fehling Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. L. Warren, M. D.
300 (Address) Gilman City Mo

(Licensed Embalmer's Statement on Reverse Side)

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, W D Haines, or by _____;

Registered Apprentice No._____, working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 542.

P. O. Address Kansas City, 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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25-684
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy — Registration District No. 328
(b) Township Trenton — Primary Registration District No. 5459 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George H. Stookey
(a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annettie Stookey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-23-1853

7. AGE — YEARS: 77 — MONTHS: 3 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1916
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Simon Stookey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Annette Stookey Gillman City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ben Ridge Cem DATE Sept 9 1939

19. FUNERAL DIRECTOR (ADDRESS) W. D. Hames Gilman City Mo

20. FILED L-31, 1942 Irene Hair
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1939 to Sept 7, 1939
I last saw him alive on Aug 24, 1930 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

Diabetis Melitis — Date of onset

Other contributory causes of importance

61

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. Warren, M. D.
(Address) Gilman City Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Grundy }

State File No. 25684

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 20th, day of Feb., 1942, before me appears Annette Stookey, who, upon her oath, states that the original record of ~~birth~~ death for George H. Stookey died ~~born~~ Sept 7, 1942 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 21 should read Date of Death Sept 7, 1930

Instead of

Item No. 18 should read Date of Burial Sept 9, 1930.

Instead of

Item No. ..... should read

Instead of

Item No. ..... should read

Instead of

Item No. ..... should read

Instead of

Item No. ..... should read

Instead of

Item No. ..... should read

Instead of

Item No. ..... should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Amant Annette Stookey Wife
Relationship.

Gilman City, Mo.
Present Address.

Subscribed and sworn to before me this 20 day of Feb., 1942

My Commission expires Oct 25, 1943.

[signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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