

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36027**
Registrar's No. **73**

FILED NOV 18 1946

Registration District No. **11**

Primary Registration District No. **5041**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Flat Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all his life
years, months or days

3. (a) PRINT FULL NAME Norman Stockton

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married, divorced** married

6. (b) Name of husband or wife Retta P. Stockton **6. (c) Age of husband or wife if alive,** _____ years

7. Birth date of deceased: September 9 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	1	22	_____ hr. _____ min.

9. Birthplace Jenkins Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Jeff Stockton

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Tompison

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Stockton

(b) Address Mt. Vernon, Missouri

17. (a) Burial Burial **(b) Date thereof** 11-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clio Cemetery

18. (a) Signature of funeral director: Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Nov 7-1946 **(b) Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? no (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 1st
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1
1946 to Nov 1 1946
that I last saw him live on Oct. 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal dis. 7 yr.

Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 2nd operation
Of operations _____

Of autopsy 2nd Autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. L. Yerr (M. D. _____)

Address Craney mo **Date signed** 11-5-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

348

10

RECEIVED

District Health Officer No. 6,

District File Number 1146-1143

Date Filed NOV 13 1946

6

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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, fact should be so stated above.