

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22568

FILED JUL 17 1948

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 83

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay 24  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. High Bluff Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES SIDNEY STOCKARD  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 28  
year 1948 hour 7 minute 35 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 17 1851  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1948 to 6-28-48  
that I last saw him alive on 6-28-1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>11</u>	<u>11</u>	hr. _____ min.

Immediate cause of death Asphyxiation  
of food  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

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

10. Usual occupation Retired Painter

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business None

12. Name William Stockard

13. Birthplace Unknown N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Cornelia Whitsett

15. Birthplace Unknown N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Chesher

(b) Address 617 Isley, Ex. Springs, Mo.

17. (a) Burial (b) Date thereof June 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union Cemetery

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Missouri

19. (a) 6/30/48 (b) Caroline Hutchins  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Baxley (M. D. or other) \_\_\_\_\_  
Address Excelsior Springs, Mo. Date signed 6-29-48

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-15-48

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 \_\_\_\_\_

Lindsey K. Jarman, Registered Apprentice No. 88  
working under my personal supervision.

Signed \_\_\_\_\_

J. E. White  
Licensed Embalmer No. 4668

P. O. Address Tex Spg, 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, fact should be so stated above.