

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16404

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. (p)

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>		51			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> /		c. LENGTH OF STAY (In this place) <u>32 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg Mo.</u>		2 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 E. Culton</u>				d. STREET ADDRESS (If rural, give location) <u>316 E. Culton</u>				0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>Ethel</u>	b. (Middle) <u>Mae</u>		c. (Last) <u>Stockton</u>		(Month) <u>5</u>	(Day) <u>26</u>	(Year) <u>1949</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-18-1892</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 12 HRS. Hours <u></u>	IF UNDER 12 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tailoring Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Robert E. Hatfield</u>		13b. MOTHER'S MAIDEN NAME <u>Martha N. Pemberton</u>		14. NAME OF HUSBAND OR WIFE <u>W.G. Stockton</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.G. Stockton</u>				ADDRESS <u>Warrensburg Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neuroblastoma of colon, 5 years</u>								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>153A</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 15 Nov., 1946 to 26 May, 1949, that I last saw the deceased alive on 26 May, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Savannah Phillips</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg Mo.</u>		23c. DATE SIGNED <u>5-26-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Savannah Phillips</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phillips</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 1 1943

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

W. J. Phillips

..... Licensed Embalmer No. *4566*

P. O. Address. *Warrensburg 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.