

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20302**

FILED JUL 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East Prairie</b>	
c. LENGTH OF STAY (In this place) <b>16 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOU</b>	b. (Middle) <b>ADDIE</b>	c. (Last) <b>STOKES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 22, 1949</b>
--	--------------------------	-------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 13, 1880</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Benton, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>John King</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Clark</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Stokes</b>
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <b>GEORGE W. STOKES - EAST PRAIRIE, Mo.</b>
--	----------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---------------------------------	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **about**, 19**47**, to **June 22, 1949**, that I last saw the deceased alive on **Jan 21, 1949** and that death occurred at **4:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George W. Whitaker MD</b>	23b. ADDRESS <b>East Prairie Mo</b>	23c. DATE SIGNED <b>7-5-49</b>
---	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>East Prairie, Mo.</b>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>7-6-49</b>	REGISTRAR'S SIGNATURE <b>Gertrude G. Harper</b>	25. EMERALD DIRECTOR'S SIGNATURE (Address) <b>Travis Shelby East Prairie</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

File Number 749-713  
JUL 11 1949

---

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 James Shelby

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prand, 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.