

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5799

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 Horsley			d. STREET ADDRESS (If rural, give location) 323 Horsley		
3. NAME OF DECEASED a. (First) Sarah b. (Middle) Elizabeth c. (Last) Stockton			4. DATE OF DEATH (Month) (Day) (Year) March 8th 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 7th 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Green Lewis		13b. MOTHER'S MAIDEN NAME Mary J. Naylor		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs H. A. Congstock, Moberly Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch myocarditis				INTERVAL BETWEEN ONSET AND DEATH 1 yr
*This does not mean the mode of dying, such as heart failure, ashenia, 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.					4222
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 19th 49 , to March 8th 50 , that I last saw the deceased alive on 3/8 , 19 50 , and that death occurred at 6:30 m., from the causes and on the date stated above.					
23a. SIGNATURE H. G. Huffeth MD (Degree or title)			23b. ADDRESS Moberly Mo		23c. DATE SIGNED 3-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE March 10th 1950	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo		
DATE REC'D BY LOCAL REG. 3-10-50	REGISTRAR'S SIGNATURE Soledad Sullivan	25. FUNERAL DIRECTOR'S SIGNATURE Joseph Mahan and son		ADDRESS Moberly Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

883

MAR 13 1950

RECEIVED

District Health Officer: Mr. [unclear]

District File Number: 3-18-40

MAR 13 1950

Filed

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 Frank D. G. West

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.