

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7689

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
		d. STREET ADDRESS (If rural, give location) 421 Albermarle, Street 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Raymond	c. (Last) Dockstader	4. DATE OF DEATH (Month) (Day) (Year) March 14, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 18, 1896	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Dockstader	13b. MOTHER'S MAIDEN NAME Margaret Bates	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Williams-St. Joseph, Missouri	ADDRESS St. Joseph, Missouri
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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) <i>Arterial Hemorrhage</i>		<i>1 1/2 days</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>duodenal ulcer</i>		<i>unknown</i>
DUE TO (c) -			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>5411</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 *13 March 1950*, to *14 March 1950*, that I last saw the deceased alive on *14 March, 1950*, and that death occurred at *7:15 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Clemens J. ...</i> (Degree or title)	23b. ADDRESS <i>St. Joseph Mo</i>	23c. DATE SIGNED <i>17 March 1950</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 3-17-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. <i>Mar 18, 1950</i>	REGISTRAR'S SIGNATURE <i>E. G. Jenkins</i> 382	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stamey Funeral Home</i> ADDRESS <i>St. Joseph, Missouri</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student
Student Embalmer

Signed Charles M. Harrison

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.