

FILED JUL 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21051

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. 17

1. PLACE OF DEATH  
a. COUNTY **Newton**  
b. CITY (If outside corporate limits, write RURAL and give town) **Seneca**  
c. LENGTH OF STAY (in this place) **30 years**  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Newton**  
c. CITY (If outside corporate limits, write RURAL and give township) **Seneca**  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) **Kate** b. (Middle) **Christine** c. (Last) **Stockton**

4. DATE OF DEATH (Month) (Day) (Year)  
**June 23, 1950**

5. SEX **Female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **wid.**

8. DATE OF BIRTH **Dec. 25, 1875**

9. AGE (In years last birthday) **74**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Buchanan Co. Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John A. Hartman**

13b. MOTHER'S MAIDEN NAME **Sara Hankins**

14. NAME OF HUSBAND OR WIFE **Robert P. Stockton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME **Chester Stockton** ADDRESS **Seneca, Mo.**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma + metastasis - Abdominal - 6 mo. Exact site of original lesion not determined**  
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.

INTERVAL BETWEEN ONSET AND DEATH  
**1991**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar, 1950**, to **June 23, 1950**, that I last saw the deceased alive on **June 17, 1950**, and that death occurred at **6:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Harold C. Lentz** (Degree or title) **Dr. D**

23b. ADDRESS **Washo Mo.**

23c. DATE SIGNED **June 29 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **June 25, '50**

24c. NAME OF CEMETERY OR CREMATORY **Seneca Cemetery**

24d. LOCATION (City, town, or county) (State) **Seneca, Missouri**

DATE REC'D BY LOCAL REG. **6/24/50**

REGISTRAR'S SIGNATURE **L. Biddecome**

25. FUNERAL DIRECTOR'S SIGNATURE **L. Biddecome** ADDRESS **Seneca Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. .... NEWTON COUNTY HEALTH DEPT.

District File Number ... 650-147 .....

Date Filed JUN 28 1950 .....

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... *W. E. Beddell* .....

Licensed Embalmer No. *2174* .....

P. O. Address *Seneca 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.