

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 29 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23688  
3169

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Cedar</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>17 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eldorado Springs</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>STOKES</b>		c. (Last) <b>STOKS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 15, 1878</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>71 8 5</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Booneville, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Herman Stocks</b>		13b. MOTHER'S MAIDEN NAME <b>No Data</b>	
14. NAME OF HUSBAND OR WIFE <b>Mamie Stokes</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. H.W. Stocks, Kansas City, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>9/19/50</b>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocardial degenerative failure</b>		DUE TO (c) <b>Phenothiazine heart disease - Acute Stenosis</b>		<b>3 yrs</b>	
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6/9, 1950</u> , to <u>7-19, 1950</u> , that I last saw the deceased alive on <u>7-19, 1950</u> , and that death occurred at <u>5:50 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Joseph E. Welker MD</b>		23b. ADDRESS <b>836 Prof Bldg. U.C.Mo.</b>		23c. DATE SIGNED <b>8/21/1950</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>7/22/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Eldorado Springs, Mo.</b>		DATE REC'D BY LOCAL REG. <b>7-21-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Nafus Funeral Home, Eldorado Spgs, M</b>		ADDRESS			

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

Cause of death  
9/19/50

**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 \_\_\_\_\_

*John P. ...*  
Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

23688

State of Mo.  
County of Jackson ss.

State File No. 23688

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3169

On this 12<sup>th</sup> day of September, 1950, before me appears

Mr. H. W. Stocks, who, upon his oath, states that the original record of ~~birth~~ death

for William Stocks <sup>died</sup> ~~was~~ July 19, 1950, in the State of Missouri, and which was filed at K. C., no. 17-20, 1950, should be corrected as follows:

Item No. 3 should read William Stocks

Instead of Stocks

Item No. 14 should read Mamie Stocks

Instead of Stocks

Item No. 15 should read yes, Spanish American War

Instead of No

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant H. W. Stocks Son Relationship.

3306 E. 20<sup>th</sup> K.C. Mo.  
Present Address.

Subscribed and sworn to before me this 12<sup>th</sup> day of September, 1950.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.