

FILED SEP 11 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25987

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton Co. Memorial		d. STREET ADDRESS (If rural, give location) 3 mi north of Jasper Hi 71	

3. NAME OF DECEASED (Type or Print) a. (First) Annabelle b. (Middle) _____ c. (Last) Stockdale		4. DATE OF DEATH Aug. 26, 1950 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 23, 1880
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
11. BIRTHPLACE (State or foreign country) Barton Co. Mo.		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME Walter Bateman	13b. MOTHER'S MAIDEN NAME Mary Bateman	14. NAME OF HUSBAND OR WIFE Homer Stockdale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Homer Stockdale ADDRESS Jasper 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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Nov. 1, 1948**, to **Aug 26, 1950**, that I last saw the deceased alive on **Aug 26, 1950**, and that death occurred at **4:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H.M. Arnold M.D. (Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED Aug 27, 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 28, 1950	24c. NAME OF CEMETERY OR CREMATORY Lake
24d. LOCATION (City, town, or county) (State) Lamar, Mo.		

DATE REC'D BY LOCAL REG. AUG 28 1950	REGISTRAR'S SIGNATURE Marie Konarton	25. FUNERAL DIRECTOR'S SIGNATURE Sharp & Selvey, Jasper, Mo. ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.

District No. 5 Springfield

RECEIVED SEP 4 1950

Dist. File 950-1877

Date Filed Sept 7 1950

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Claude W. Chiles

Licensed Embalmer No. 3473

P. O. Address Lima, 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.