

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27569

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 24

650
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Merion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Merion</u>	
b. CITY OR TOWN <u>Morgan (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Morgan</u>	
c. LENGTH OF STAY (in this place) <u>46 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>	b. (Middle) _____	c. (Last) <u>Stockman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 - 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 10 - 1871</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR (Months) (Days) <u>7 1</u>	11. UNDER 24 HRS. (Hours) (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Merion Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jay Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Mary</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Stockman</u> ADDRESS <u>Princeton Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	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 7-3-50, 1948, to 7-11-50, 1950, that I last saw the deceased alive on 7-11-50 1950, and that death occurred at 5:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bryan J. Artell D.O.</u>	23b. ADDRESS <u>Princeton, Missouri</u>	23c. DATE SIGNED <u>7/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harley</u>	24d. LOCATION (City, town, or county) (State) <u>Merion Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-24-50</u>	REGISTRAR'S SIGNATURE <u>M. J. Artell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neil Moss</u> ADDRESS <u>Princeton Mo</u>
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Hell Mass

Licensed Embalmer No. 2634

P. O. Address Lincolnton 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.