

FILED OCT 9 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 31353

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Polk</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Humansville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Polk</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flemington</u>		d. STREET ADDRESS <u>R. #1</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dimmitt Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Jacob</u>		b. (Middle)	c. (Last) <u>Stokes</u>		(Month)	(Day)	(Year)
(Type or Print)					<u>9</u>	<u>23</u>	<u>50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 20, 1869</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR <u>5</u>	11. UNDER 1 MONTH <u>3</u>	12. UNDER 1 HOUR <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Jacob Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Starks</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie</u>			
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 <u>Mrs Edna Crawford Kam. City, Mo.</u>			
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) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>	
		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.				<u>331X</u>	
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) m.		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 <u>9-18</u> , 19 <u>50</u> , to <u>9-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-23</u> , 19 <u>50</u> , and that death occurred at <u>8:55 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Robuse</u>				23b. ADDRESS <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>9/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Durnell Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory County, Mo.</u>		
DATE REC'D BY LOCAL REG <u>Sept 25, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Jordan</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul Jordan</u>		ADDRESS <u>Primer Home Humansville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED OCT 5 1950  
Dist. File 10-510-2055  
Date Filed 10-25-50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Rockville Md

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.

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