

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43948**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b> <b>1082</b>	
c. LENGTH OF STAY (In this place) <b>62 years</b>		d. STREET ADDRESS (If rural, give location) <b>1211 East Walnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1211 East Walnut</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nora</b>	b. (Middle) <b>Isabel</b>	c. (Last) <b>Stokesberry</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Ded. 29 1950</b>
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5. SEX <b>Fm</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 26, 1872</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>78</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Abner Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Lovell</b>	14. NAME OF HUSBAND OR WIFE <b>John S. Stokesberry</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John S. Stokesberry</b>	ADDRESS <b>Nevada Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>one year</b> <b>one week</b> <b>48 H</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza</b> DUE TO (c) <b>Advanced age.</b>		

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from **Dec 20, 1950**, to **Dec 29, 1950**, that I last saw the deceased alive on **Dec 29, 1950**, and that death occurred at **8AM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. S. [Signature]</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>Nevada, Mo</b>	23c. DATE SIGNED <b>1-8-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 31, '50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Deepwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 10-51</b>	REGISTRAR'S SIGNATURE <b>Walter H. Young</b>	331	25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry [Signature]</b>	ADDRESS <b>Nevada Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED JAN 18 1954

Dist. File 151-161

Date Filed 1-18-54

NS JUL 15 1954

JUN 3 1954  
JUN 3 1954

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed L. B. Feary

Licensed Embalmer No. 1760

P. O. Address Hevada m

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.