

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5071**

FILED MAR 5 1951

0495

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>89</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>66 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>3416 Moffet</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3416 Moffet</u>				d. STREET ADDRESS (If rural, give location) <u>3416 Moffet</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herschel</u>			b. (Middle) <u>Albert</u>		c. (Last) <u>Stockam</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25, 1884</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Mover</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Moving</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James Stockam</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Luther</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Stockam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Stockam, 3416 Moffet</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate and metastasis to the lungs</u> and <u>Cystitis Nephritis</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>Secondary Anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 yrs</u> <u>197 X</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) (Min.) _____	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>July 12, 1950</u> , to <u>Feb 16, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 A.</u> m., from the cause and on the date stated above.								
23a. SIGNATURE <u>Dr. J. H. [Signature]</u>				23b. ADDRESS <u>708 [Address]</u>		23c. DATE SIGNED <u>Feb 17 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-21-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin Mo.</u>				

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

RECEIVED 3-2-51  
Jasper County Health Office

County File Number 51-2-173

Date Filed 3-2-51

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.