

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>	
c. LENGTH OF STAY (in this place) <u>43 years</u>		d. STREET ADDRESS (If rural, give location) <u>416 NEWBERRY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 EAST COLLEGE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>STOKES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26, 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 20, 1893</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>	11. BIRTHPLACE (State or foreign country) <u>WOMACK, MISSOURI</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>SILAS F. FERGUSON</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA FRAYSHER</u>	14. NAME OF HUSBAND OR WIFE <u>SIDNEY STOKES</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SIDNEY STOKES, FREDERICKTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> <u>4 months</u>
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and Liver</u>		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 23, 1951, to APRIL 26, 1951, that I last saw the deceased alive on APRIL 26, 1951, and that death occurred at 1:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>McClawhites M. D.</u> (Degree or title)	23b. ADDRESS <u>Fredricktown Mo</u>	23c. DATE SIGNED <u>APR. 27. 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 28, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Hajin, Jr.</u> ADDRESS <u>Fredricktown Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-28-1951</u>	REGISTRAR'S SIGNATURE <u>Flourne Hicks</u>	

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

621

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
MAY 10 1951
RECEIVED

FILE No. 537-31

APR 11 1951

MS
APR 5 1951

MAY 15 1951

Handwritten scribbles

Carroll J. ...

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 *William A. O'Connor*

Licensed Embalmer No. 3975

P. O. Address Fredericktown, 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.