No. 300
10.48

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34326

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5727 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Narrows
c. LENGTH OF STAY (In this place): 49 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: R.F.D #2 Excello.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Narrows. 0610
d. STREET ADDRESS (If rural, give location): R.F.D #2 Excello.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): FRANKLIN
c. (Last): Stokes

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Nov. 1, 1859
9. AGE (In years last birthday): 91 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjeman F. Stokes
13b. MOTHER'S MAIDEN NAME: Mary E. Parker
14. NAME OF HUSBAND OR WIFE: Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Russell Stokes — **ADDRESS**: Excello, Mo.

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): Hemiplegia Rightside — INTERVAL BETWEEN ONSET AND DEATH: one week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Blindness

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 3-34 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from april, 1951, to 13 oct, 1951, that I last saw the deceased alive on 10 oct, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Donald E Eggleston MD (Degree or title)
23b. ADDRESS: Macon Mo
23c. DATE SIGNED: 17 Oct 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 16, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mt. Salem
24d. LOCATION (City, town, or county) (State): R.F.D. Excello Mo.

DATE REC'D BY LOCAL REG.: 10/25/51
REGISTRAR'S SIGNATURE: Ruth McNeely
FUNERAL DIRECTOR'S SIGNATURE: Stephens & Gooding
ADDRESS: Macon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC

RECEIVED 11-8-51
MACON COUNTY HEALTH DEPARTMENT
County File No. 11.51.176
Date Filed 11.9.51

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles L. Hutton

Signed.....
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.