

No. 300
10.48

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42260

State File No.

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5753 Registrar's No. 53

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| 1. PLACE OF DEATH a. COUNTY <u>Maries</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meta, Boone Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meta</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>1501</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas Hospital</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Thena</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Stokes</u> | | | 4. DATE OF DEATH <u>Dec. 5, 1951</u> (Month) (Day) (Year) | | |
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| 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>Feb. 10, 1870</u> | 9. AGE (in years last birthday) <u>81</u> | 10. UNDER 1 YEAR Days <u>9</u> | 11. UNDER 24 HRS. Hours <u>25</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>George W. Wilson</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy E. Shelton</u> | 14. NAME OF HUSBAND OR WIFE <u>Monroe Stokes</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dolly Perrone</u> ADDRESS <u>Meta, Mo. Route 1</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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>Chronic myocarditis</u> | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>2040</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 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) | 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 Jan. 3, 1951, to Dec. 5th, 1951, that I last saw the deceased alive on Dec. 4th, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wm. A. Gould D.O.</u> (Degree or title) | 23b. ADDRESS <u>Iberia, Mo.</u> | 23c. DATE SIGNED <u>12/7/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 7, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Red Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Maries County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-18-51</u> | REGISTRAR'S SIGNATURE <u>Pauline Howard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u> ADDRESS <u>Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

1630
0

The No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

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. 432

working under my personal supervision.

Student Clarence Ross
Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Kenil, 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.