

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

729

State File No.

FILED JAN 15 1952

BIRTH NO. 1-11-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5338 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Rural Polk twp.</u>	c. LENGTH OF STAY (In this place) <u>32 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #1 Everton, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #1 Everton</u> <u>0890</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Franklin</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Stockton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5, 1952</u>
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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 28, 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>7</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Newton Stockton</u>	13b. MOTHER'S MAIDEN NAME <u>Hettie Stephenson</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Stockton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or date of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norma Stockton</u>	ADDRESS <u>Rt #1, Everton, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of pancreas</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>157X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 12, 1952, to Jan 4, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Cowan</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>Greenfield, Mo.</u>	23c. DATE SIGNED <u>1-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-11-52</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Miller</u> <u>79</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

J. C. Canada

Signed
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.