

No. 300
10. 48

FILED APR 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15359

1040
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6164 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Rural "Heart"</u> c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Heart"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Osage mo RR1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>M.</u> b. (Middle) <u>G.</u> c. (Last) <u>Stokey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1952</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>Dec 17 - 1878</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>3</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Ill. 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>V.G. Stokey</u>	
13b. MOTHER'S MAIDEN NAME <u>Maria Wiswell</u>		14. NAME OF HUSBAND, OR WIFE <u>Margaret Stokey Crane mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Paul Bonham Crane 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis heart disease with hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>thrombosis right femoral vein</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>11 mos.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 <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>11 May 1951</u> , to <u>14 April 1952</u> that I last saw the deceased alive on <u>12 April 1952</u> and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. Ramsey, M.D.</u> (Degree of title)		23b. ADDRESS <u>Marionville, Missouri</u>	23c. DATE SIGNED <u>14 Feb 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem ash</u>	24d. LOCATION (City, town, or county) (State) <u>Shippin Ark</u>
DATE REC'D BY LOCAL REG. <u>Apr. 14, 52.</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. E. Linn Broun</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Burns</u>	ADDRESS <u>Yellville, Ark.</u>

Pw Lina Murray

(Licensed Embalmer's Statement on Reverse Side)

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 Chester F. Rea
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed Chester F. Rea

Licensed Embalmer No. 975

P. O. Address Jefferson, Ark

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.