

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19839**

JUL 5 1952
20882
BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5266** Registrar's No. **25**

0220

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

1. PLACE OF DEATH a. COUNTY Christian Co			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo COUNTY Christian Co 0220		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo		c. LENGTH OF STAY (in this place) 1 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark. Mo 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo			d. STREET ADDRESS (If rural, give location) Ozark Mo		

3. NAME OF DECEASED (Type or Print) a. (First) Dorian		b. (Middle) Lester		c. (Last) Stockstill		4. DATE OF DEATH (Month) (Day) (Year) May 22 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH May. 10/52	
9. AGE (In years last birthday) 1 Mo.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo 0	
						12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Thomas J Stockstill		13b. MOTHER'S MAIDEN NAME Loretta Healey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas J Stockstill. Ozark. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease Tetralogy of Fallot				INTERVAL BETWEEN ONSET AND DEATH	
		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 7540				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 **May 10 1952**, to **May 22 1952**, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 AM** from the causes and on the date stated above.

23a. SIGNATURE E. J. Schwab, M.D. (Degree or title) 0		23b. ADDRESS 609 Cherry, Springfield Mo.		23c. DATE SIGNED 5-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23. 52		24c. NAME OF CEMETERY OR CREMATORY Gretna Cemetery	
				24d. LOCATION (City, town, or county) (State) Taney Co. Mo	

DATE REC'D BY LOCAL REG. 6/12-1952		REGISTRAR'S SIGNATURE Loretta Leonard 54-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Cheffin Ozark, Mo	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.