

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28501

State File No. _____

NO. 300 77
10.48
LEO AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY: _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage,</u>	
c. LENGTH OF STAY (In this place) <u>5 years</u>		d. STREET ADDRESS. (If rural, give location) <u>1101 West Chestnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hollis</u> b. (Middle) <u>Carl</u> c. (Last) <u>Stockdale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 4 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>August 4 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocer-retail</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Homer E. Stockdale</u>		13b. MOTHER'S MAIDEN NAME <u>Anna B. Bateman</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Oldham Stockdale</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>498-30-3858</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. C. Stockdale, 1101 West Chestnut</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>Renal neck with fatal hemorrhage.</u> ANTECEDENT CAUSES <u>Depressed State</u> DUE TO (b) _____ DUE TO (c) <u>RECORDS OF DR RUSSEL SHUTT</u> II. OTHER SIGNIFICANT CONDITIONS <u>Psychoneurosis (Involuntal type)</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E977X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Head of car + home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 4 52 4:30 A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted laceration of neck involving great vessels</u>	

22. I hereby certify that I attended the deceased from DID NOT ATTEND, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 A m. from the causes and on the date stated above.

23a. SIGNATURE <u>Walter M. Combs</u> (Degree or title) <u>3 Jasper County</u>		23b. ADDRESS <u>Joplin National Band Bldg.</u>		23c. DATE SIGNED <u>8/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo</u>			

DATE REC'D BY LOCAL REG. <u>8-4-52</u>		REGISTRAR'S SIGNATURE <u>Walter M. Combs</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8/14/52
Jasper County Health Office

County File Number 52/1/635

Date Filed 8/14/52

NOV 14 1952

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.