

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 74712 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give town) ST. JOSEPH  
c. LENGTH OF STAY (in this place) 6 hrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  
d. STREET ADDRESS 427 N. 19th St.

3. NAME OF DECEASED (Type or Print)  
a. (First) Jerry  
b. (Middle) Dean  
c. (Last) Stockdale

4. DATE OF DEATH (Month) (Day) (Year)  
12-1-52

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) New born

8. DATE OF BIRTH 11-30-52

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 6 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) New born

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Franklin Stockdale

13b. MOTHER'S MAIDEN NAME Mary Jean Snuffer

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Stockdale  
ADDRESS St. Joseph, 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) Prematurity  
ANTECEDENT CAUSES DUE TO (b) Placenta previa  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7615

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1952, to 12-1, 1952, that I last saw the deceased alive on 12-30, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement P. Schmitt, M.D.

23b. ADDRESS St. Joseph, Mo.

23c. DATE SIGNED 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY Amity Cemetery

24d. LOCATION (City, town, or county) (State) Amity, Missouri.

DATE REC'D BY LOCAL REG. Dec. 4, 1952

REGISTRAR'S SIGNATURE Carl C. Casper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
W. H. Schmitt, Funeral Home, Inc., St. Joseph, Mo.

119  
0  
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 \_\_\_\_\_ ✓

Student Embalmer No. \_\_\_\_\_ ✓

working under my personal supervision.

Student ..... ✓  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4413 (md)

P. O. Address St. Joseph, 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.