

FILED JUN 30 1953
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21903

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1120 Hill Street		d. STREET ADDRESS (If rural, give location) 1120 Hill Street,	

3. NAME OF DECEASED (Type or Print) a. (First) SALLY b. (Middle) EDNA c. (Last) STOCKTON			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		8. DATE OF BIRTH July 29, 1900	
				9. AGE (In years last birthday) 52	
				11. BIRTHPLACE (State or foreign country) Farmer City, Illinois	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Austin E. Jarvis		13b. MOTHER'S MAIDEN NAME Ethel Morris		14. NAME OF HUSBAND OR WIFE Lynville Stockton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Jarvis, 1120 Hill, Joplin, 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) Hodgkins Disease				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		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				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)		201X	
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?			

22. I hereby certify that I attended the deceased from March 14, 1952 to June 7, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Kocelen, M.D.		23b. ADDRESS Euseco Bldg. Joplin, Mo. 6-19-53		23c. DATE SIGNED	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 6-19-53		24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	
				24d. LOCATION (City, town, or county) (State) Sarcoxie, Missouri	

DATE REC'D BY LOCAL REG. 6-20-53		REGISTRAR'S SIGNATURE Ed S. James, 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-29-53
Jasper County Health Office
County File Number 53-6-554
Date Filed 6-29-53

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 David Dillon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.