

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29266

State File No. ....

BIRTH NO. .... REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2702 Registrar's No. 12

0590  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Livingstone</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Livingstone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, N.W. Mooresville 2 1/2 mi</u>	
c. LENGTH OF STAY (in this place) <u>Left</u>		d. STREET ADDRESS (If rural, give location) <u>N.W. Mooresville 2 1/2 mi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 1/2 mi, N.W. Mooresville, MO</u>			

3. NAME OF DECEASED a. (First) <u>Mattie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Stockwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-53</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>April 23-1900 53</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edw. Stockwell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Harbert</u>	ADDRESS <u>Chelan, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wound, Penetrating L heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gux shot wound L chest</u>		
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 <u>E981X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mooresville, Livingstone MO</u>
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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?
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22. I hereby certify that I attended the deceased from Nov 29 to \_\_\_\_\_, 19\_\_\_\_, that I last ~~saw~~ attended the deceased alive on Aug 26, 1953, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph P. Conrad M.D. (CROXER)</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Aug 23</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mooresville MO</u>
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DATE REC'D BY LOCAL REC. <u>Sept. 1, 1953</u>	REGISTRAR'S SIGNATURE <u>Alfred J. Cunniff</u>	175 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brackett</u>	ADDRESS <u>Chillicothe MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1959

VS DEC 27 1960

APR 15 1961

**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 E. Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe, 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.