

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29336

State File No. _____

FILED SEP 2 - 1953

Registrar's No. 54

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton	c. LENGTH OF STAY (In place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton 065-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Eddie b. (Middle) Sherman c. (Last) Stocklas	4. DATE OF DEATH (Month) (Day) (Year) 8-27-53
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-16-1898	9. AGE (In years Last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during the life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Mt Moriah, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Stocklas	13b. MOTHER'S MAIDEN NAME Martha Cast	14. NAME OF HUSBAND OR WIFE Gladys Stocklas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, registrar or dates of service) 486-12-6830	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Stocklas Princeton, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 July, 1947, to Aug 27, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Lambert M.D.	23b. ADDRESS Princeton, Mo	23c. DATE SIGNED 8/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-29-53	24c. NAME OF CEMETERY OR CREMATORY Princeton	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo
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DATE REC'D BY LOCAL REG. 8-31-53	REGISTRAR'S SIGNATURE Noel Moss	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48

SEP 3

APR 16 1956

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul Nash

Licensed Embalmer No. 2634

P. O. Address Princeton, Me

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.