

STANDARD CERTIFICATE OF DEATH

State File No.

34780

No. 300
10-48

FILED SEP 28 1953

BIRTH NO. REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Castor Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		1030 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u>		b. (Middle) <u>Dean</u>	
c. (Last) <u>Stoker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>9-22-53</u>
9. AGE (in years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>1</u> Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Mo. R. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lester Stoker</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Hagins</u>	
14. NAME OF HUSBAND OR WIFE <u>child</u>			
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>X X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lester Stoker</u>		ADDRESS <u>Dexter, Mo. R. 1</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>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u> sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous Labor (Pregnant)</u> 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"/>		7600	
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 <u>9-22-53</u> , 19 <u>53</u> , to <u>9-24-53</u> , 19 <u>53</u> that I last saw the deceased alive on <u>9-22-53</u> , 19 <u>53</u> , and that death occurred at <u>1-PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. S. Davis, M.D.</u>		23b. ADDRESS <u>Dexter, Mo.</u>	
23c. DATE SIGNED <u>9-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-24-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo. R.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 25, 1953</u>		REGISTRAR'S SIGNATURE <u>Rose Webber</u> 355	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u>		ADDRESS <u>Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Was Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Walter Marsh Withers*

Licensed Embalmer No. *4217*

P. O. Address *Decker, 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.