

STANDARD CERTIFICATE OF DEATH

State File No. **34960**

No. 300
10-48

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

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FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5042</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BARRY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Liberty</u>		c. LENGTH OF STAY (in this place) <u>5 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Liberty</u>		0250 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home (1/2 mile south of Ridgely Mo)</u>				d. STREET ADDRESS (If no Mo. location) <u>Exeter RURAL Rt.</u>					
3. NAME OF DECEASED (Type or Print) <u>MABEL</u>			a. (First)		b. (Middle) <u>Stockton</u>		c. (Last)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>April 16-1892</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1953</u>	
13a. FATHER'S NAME <u>Joseph Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>Louemna Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Willis Stockton</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Willis Stockton</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Stockton</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Stockton</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Stockton</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Stockton</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> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Tuberculosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u> <u>2 yrs</u>	
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) <u>331X</u>		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>Jan 1946</u> , to <u>Nov 1953</u> , that I last saw the deceased alive on <u>Nov 3 1953</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. D. Cassell</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>11-7-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Exeter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Jones</u>	
DATE REC'D BY LOCAL REG. <u>11-10-1953</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Jones</u>	

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

James Kenneth Duncan

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.