

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **43191**  
**5747**

FILED DEC 23 1953 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>3 Years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3911 Mersington St.</b>		d. STREET ADDRESS (If rural, give location) <b>3911 Mersington</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>(None)</b> c. (Last) <b>STOCKMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 6, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Nov. 1, 1871</b>		9. AGE (In years last birthday) <b>82</b>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>1 1/2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Glasgow, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John (N) Stockman</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Vitt Stockman</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Leonard J. Stockman - R.C., Mo. 5718 E. 60th</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES <b>Malnutrition</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arterio sclerosis</b> DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>1 da</b> <b>6 wks</b> <b>15 yrs.</b> <b>4201</b>	
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"/>	
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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) (Min.)		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 Nov 14, 1953, to 12-6-1953, that I last saw the deceased alive on 12-6-53, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. N. Peery MD</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>300 Maple Rd. Glasgow, Mo.</b>		23c. DATE SIGNED <b>12-7-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 6, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Glasgow, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>12-7-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilson L. Peery</b>		ADDRESS <b>Independence, Mo.</b>	
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Guy A. Shelton  
Licensed Embalmer No. 4700

P. O. Address Independence, Missouri

**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.