

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY CALLOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) FULTON MISSOURI	c. LENGTH OF STAY (in this place) 4 YRS	c. CITY OR TOWN OWENSVILLE MO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL NO 1.		e. STREET ADDRESS (If rural, give location) 037	

3. NAME OF DECEASED (Type or Print) EVELINE		c. (Last) STOCK	4. DATE OF DEATH JANUARY 17-1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow Married	8. DATE OF BIRTH Oct-5th-1875	9. AGE (In years last birthday) Months Days Hours Min. 78 3 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY keeping own home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				

13a. FATHER'S NAME Rush Mathews	13b. MOTHER'S MAIDEN NAME Malinda Crider	14. NAME OF HUSBAND OR WIFE William Stock
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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) no	16. SOCIAL SECURITY NO. none given	17. INFORMANT'S SIGNATURE OR NAME Hospital records, Fulton Mo	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo-carditis		INTERVAL BETWEEN ONSET AND DEATH sometime
	ANTECEDENT CAUSES Pleuricy Just a few days.		
	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		
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 1	19b. MAJOR FINDINGS OF OPERATION 4222	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **mar-2-50** to **Jan-17-1954**, that I last saw the deceased alive on **January-16-1954**, and that death occurred at **2:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. R. Hunter M. D. By J. E. Fowler M. D.	23b. ADDRESS Fulton Missouri	23c. DATE SIGNED 1/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan-19-1954	24c. NAME OF CEMETERY OR CREMATORY Union City Cem	24d. LOCATION (City, town, or county) (State) Union MO
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DATE REC'D BY LOCAL REG. Jan. 17-1954	REGISTRAR'S SIGNATURE Maretha Lawrence	FUNERAL DIRECTOR'S SIGNATURE W. H. White	ADDRESS Owensville
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WRITE PLAINLY—USING 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.....
Signature of Student Embalmer

Signed *Melvin H. Winter*.....

Licensed Embalmer No. *382*

P. O. Address *Quincy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.