

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7896**  
Registrar's No. **233**

BIRTH NO. FILED **APR 15 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **4057**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Qulin</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Qulin</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City</b>			d. STREET ADDRESS (If rural, give location) <b>City</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>NOAH</b> b. (Middle) <b>E.</b> c. (Last) <b>STOCKTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6, 1954</b>								
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 12, 1900</b>	9. AGE (In years last birthday) <b>53</b>	10. MONTHS <b>7</b>	11. DAYS <b>24</b>	12. HOURS <b>1</b>	13. MINUTES <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>John Stockton</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth O'Shea</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Stockton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Etta Stockton, Qulin, Mo.</b>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Hemorrhage</b>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			DUE TO (b) <b>Syphilis</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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"/>	
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) <b>Qulin, Missouri</b>	
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 **Aug**, 1953, to **April**, 1954, that I last saw the deceased alive on **April 5, 1954**, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Bryan L. Franklin MD</b>		23b. ADDRESS <b>Box 387, Campbell, Mo</b>		23c. DATE SIGNED <b>6-4-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 7 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Qulin Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Qulin, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>4/9/54</b>		REGISTRAR'S SIGNATURE <b>J. H. Mantrele</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bandess Funeral Home, Campbell, Mo</b>		ADDRESS	

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

0.300  
0.48

20

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RECEIVED  
APR 12 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 \_\_\_\_\_

*Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address Campbell, N

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.