

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19180

State File No. 2637

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2637</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>416 East 36th St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANKIE</u>			b. (Middle) _____		c. (Last) <u>STOCKTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 10 54</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9-23-1877</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wellsville, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Bell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Stonebraker</u>		14. NAME OF HUSBAND OR WIFE <u>Robert M. 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>497-26-2948</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford M. Stockton, 6801 Paseo</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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>years</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)				
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 <u>6-9</u> , 19 <u>54</u> to <u>6-10</u> , 19 <u>54</u> that I last saw the deceased alive on <u>6-9</u> , 19 <u>54</u> , and that death occurred at <u>9:15 A.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Type name and title) <u>[Signature] 14.D.</u>				23b. ADDRESS <u>Arville Bldg. K.C., Mo.</u>		23c. DATE SIGNED <u>6-11-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>6-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-11-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Wagner Funeral Home, K.C. Mo</u>		

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

