

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20030**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. LENGTH OF STAY (in this place) 6 years	d. CITY OR TOWN Richmond
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 2		e. STREET ADDRESS (If rural, give location) Route #2	

3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) BELLE c. (Last) STOCKWELL			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1875	9. AGE (In years) (Months) (Days) (Hours) (Min.) 79 0 3	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Renick, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Round	13b. MOTHER'S MAIDEN NAME Jane Elizabeth Whitsett	14. NAME OF HUSBAND OR WIFE Mart Stockwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mart Stockwell, Richmond, Missouri

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, exsanguination, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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.			

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) Richmond Missouri

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 July 8, 1954, to July 8, 1954, that I last saw the deceased alive on July 8, 1954, and that death occurred at 4 A. M. from the causes and on the date stated above.		

22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED 7-9-54
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-10-1954	23c. NAME OF CEMETERY OR CREMATOR Sunny Slope
23d. LOCATION (City, town, or county) (State) Richmond Missouri		

DATE REC'D BY LOCAL REG. July 11, 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Carter - Richmond Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

890

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 *Thomas J. Carter*.....

Licensed Embalmer No... *441*

P. O. Address... *Richmond*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.