

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39820**

FILED NOV 24 1954

BIRTH NO. _____ REG. DIST. NO. **925** PRIMARY REG. DIST. NO. **6099** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - WEST PRAIRIE		c. CITY OR TOWN WORTHINGTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) yes		e. STREET ADDRESS (If rural, give location) W. PRAIRIE - T. 5. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN CITY, MO.			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) HUGH c. (Last) STOKES			4. DATE OF DEATH (Month) (Day) (Year) NOV. 11, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH oct 10, 1881	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months 1 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MACONCO MO		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME JAMES STOKES		13b. MOTHER'S MAIDEN NAME FRANCIS E. LEE		14. NAME OF HUSBAND OR WIFE NETTIE STOKES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. was		17. INFORMANT'S SIGNATURE OR NAME Ruth Sans Queen City MO	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
	ANTECEDENT CAUSES DUE TO (b) Chronic Nephritis			4 yrs.
	DUE TO (c) Diabetic Mellitus			10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			8 yrs.	

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) 200X
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 **8/23**, 19**50**, to **11/11**, 19**54**, that I last saw the deceased alive on **11/11**, 19**54**, and that death occurred at **11:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edmund M. Roberts (Degree or title)	23b. ADDRESS Queen City, Mo.	23c. DATE SIGNED 11/18/54
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE NOV 13 54	24c. NAME OF CEMETERY OR CREMATORY Pleasant Home Cem
24d. LOCATION (City, town, or county) (State) Putnam MO		

DATE REC'D BY LOCAL REG. NOV 13 54	REGISTRAR'S SIGNATURE Wm. A. Drake	353- 1	25. FUNERAL DIRECTOR'S SIGNATURE J. D. ...	ADDRESS ...
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

980

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.....
Signature of Student Embalmer

Signed *Murl E. Husted*

Licensed Embalmer No. *33*

P. O. Address *Imperial*

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.