

FILED JAN 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43372**

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY OR TOWN <u>Granby</u>	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) <u>25 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0739</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carroll</u> b. (Middle) <u>Boyd</u> c. (Last) <u>Stokes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unwedded</u>	8. DATE OF BIRTH <u>1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jeweler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Edwin Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ketchum</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Stokes, Kansas, Calif</u>	
				ADDRESS	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dropsy</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Acute Brights</u>			
		DUE TO (c) <u>Cardiac Decompensation</u>			
		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)	
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 12.20, 1954, to 12.25, 1954, that I last saw the deceased alive on 12.25, 1954, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Rolins, M.D.</u>		23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>12.27.54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shenky Memorial</u>		24d. LOCATION (City, town, or county) <u>Shenky, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 5, 1955</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Sheweade</u>		ADDRESS <u>Granby, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

730

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed _____

RECEIVED

District Health Officer No. _____
District File Number 155-10
Date Filed Jan 11 1951
NEWTON COUNTY HEALTH UNIT

STATEMENT BY LICENSED EMBALMER
NEWTON, MISSOURI

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 Floyd E. Stumabed

Licensed Embalmer No. 492
P. O. Address Box 58 Granby, Mo

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.