

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11614**

FILED APR 18 1955

Registrar's No. **327**

BIRTH NO. _____		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 2400		Registrar's No. 327	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 28 years		c. CITY OR TOWN Springfield		d. Is 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 Handley Memorial				e. STREET ADDRESS (If rural, give location) 631 South Nettleton			
3. NAME OF DECEASED a. (First) WILLIAM (Type or Print)			b. (Middle) HENDERSON		c. (Last) STOCKSTILL		4. DATE OF DEATH (Month) (Day) (Year) April 9 55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 12, 1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Taney County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Allen Stockstill		13b. MOTHER'S MAIDEN NAME Ingaboe May		14. NAME OF HUSBAND OR WIFE Ollie May Stockstill			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ollie M. Stockstill ADDRESS Springfield, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ischemic heart disease ANTECEDENT CAUSES Myocardial infarction old C.V.A. (w/imp. myocardium) DUE TO (b) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS old residual Cerebral thrombosis Conditions contributing to the death but related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/7/55 to 4/9/55 , that I last saw the deceased alive on 4/8/55 , and that death occurred at 2:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE David J. Hall MD (Degree or title)				23b. ADDRESS 1951 So. Nettleton Springfield, Mo		23c. DATE SIGNED 4/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/55		24c. NAME OF CEMETERY OR CREMATORY Highlandville		24d. LOCATION (City, town, or county) (State) Highlandville Missouri	
DATE REC'D BY LOCAL REG. 4-12-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Harry C. ... ADDRESS Springfield, Mo			

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

APR 26 1954

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.....
Licensed Embalmer No. 459

P. O. Address.....
Springfield

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.