

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21855**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **112** PRIMARY REG. DIST. NO. **2000** Registrar's No. **688**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tujunga	
c. LENGTH OF STAY (in this place) 7 Mos 20		d. STREET ADDRESS (If rural, give location) 10158 Commerce Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Fed. Prisoners			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin	b. (Middle) -----	c. (Last) Stockdale	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/8/1891
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) Michigan
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Unknown	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME David A. Stockdale	13b. MOTHER'S MAIDEN NAME Belle Australia(?) Stockdale	14. NAME OF HUSBAND OR WIFE Hester Kayes Stockdale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1917 (1 Week)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME FILE: MCFP, Springfield, Mo.

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) Peripheral vascular Collapse		DUE TO (b) Myocardial infarction		50 Hrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerotic heart disease		60 Hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolism				Years

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4200
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 **12-17**, 19 **54**, to **8-7-55**, 19 **55**, that I last saw the deceased alive on **8-7-**, 19 **55**, and that death occurred at **5:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE E. C. Rinck (Degree or title) M.D., Clinical Director Medical Center for Fed. Prisoners	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 8/8/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/9/1955	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) Pasadena, California		

DATE REC'D BY LOCAL REG. 8/16/55	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE Springfield, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

SEP 7 1938

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 _____
Student Embalmer

Signed

Harry Lipse

Licensed Embalmer No. 4794

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.