

FILED JUL 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22546

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5569</u>		Registrar's No. <u>257</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY OR TOWN <u>Rural (Brookings)</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>Rural (Brookings)</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8008 Northern</u>				STREET ADDRESS (If rural, give locality) <u>8008 Northern</u> <u>7000</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Julius</u> c. (Last) <u>Stock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1955</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Apr. 4, 1886</u>					
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Days <u>3</u>		11. UNDER 24 HRS. Hours <u>6</u> Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Groceries</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Marcus Iowa</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Stock</u>		13b. MOTHER'S MAIDEN NAME <u>Fredrika Pinchoff</u>		14. NAME OF HUSBAND OR WIFE <u>Louise M. Stock</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>474-34-8041</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Bryan, Rt. 3 Lees Summit Mo.</u>			ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>yes.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension 447X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>yes.</u>			
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) (Minute)		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 <u>11-19, 1955</u> , to <u>3-28, 1955</u> , that I last saw the deceased alive on <u>3-28, 1955</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>M. C. ... N.O.</u>				23b. ADDRESS <u>9124 E. 50 Highway</u>			23c. DATE SIGNED <u>7-12-55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7-13-55</u>		REGISTRAR'S SIGNATURE <u>James ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Hegert</u> ADDRESS <u>Raytown, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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 *C. Clark Hegert*

Licensed Embalmer No. *398*

P. O. Address *Raytown, 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.