

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25662

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 266	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jefferson City)		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY OR TOWN Jefferson City		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 Chas. E. Still Memorial Hosp.				e. STREET ADDRESS (If rural, give location) 1424 E. Miller 22670			
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Edward c. (Last) Stock			4. DATE OF DEATH (Month) (Day) (Year) Sept 7 - 1955				
5. SEX MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Oct 30 - 1871	
9. AGE (In years) (last birthday) 84		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 7		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Hope Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Stock			13b. MOTHER'S MAIDEN NAME Caroline Driker			14. NAME OF HUSBAND OR WIFE Mrs. Frank Gawen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Gawen - Jefferson City			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE ANTECEDENT CAUSES DUE TO (b) UREMIA DUE TO (c) PROSTATIC HYPERTROPY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 2/12/55		19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., road about home, farm, factory, street, office, 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 2/15/55, 1955, to 9/5, 1955, that I last saw the deceased alive on 9/7, 1955, and that death occurred at 12:30 AM., from the causes and on the date stated above.							
23a. SIGNATURE J. E. Duffen 80 (Degree or title)				23b. ADDRESS Jefferson City		23c. DATE SIGNED 7/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 8 - 1955		24c. NAME OF CEMETERY OR CREMATORY Hancock Cemetery		24d. LOCATION, (City, town, or county) (State) Marion Mo. R.H.	
DATE REC'D BY LOCAL REG. 7 Sept 1955		REGISTRAR'S SIGNATURE R. P. Davis MD		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Minton		ADDRESS Hope Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Jessie M. Carter*
.....

Licensed Embalmer No. *41*

P. O. Address *Leans*

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.