

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35636**

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 6088		Registrar's No. 42			
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Miami Tws.		c. LENGTH OF STAY (in this place) 8 years		c. CITY OR TOWN Miami		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 4 miles S.W. Miami, Mo.				e. STREET ADDRESS (If rural, give location) 4 miles S.W. Miami, Mo.					
3. NAME OF DECEASED a. (First) Richard			b. (Middle) Edward		c. (Last) Stockman		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 27th, 1879		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 4 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Edward Stockman		13b. MOTHER'S MAIDEN NAME Lema Meschede		14. NAME OF HUSBAND OR WIFE Mary Jane Stockman					
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 ADDRESS Mrs R.E. Stockman, Miami, Mo. Route 2					
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) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) 4222				INTERVAL BETWEEN ONSET AND DEATH 3 days about 2 years	
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) (m.)		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 _____, 1953, to October 22, 1955 , that I last saw the deceased alive on October 22, 1955 , and that death occurred at 3 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. Sullivan				23b. ADDRESS Mo. Miami, Mo.		23c. DATE SIGNED October 22, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Union cemetery		24d. LOCATION (City, town, or county) (State) Saline County, Missouri				
DATE REC'D BY LOCAL REG. 10-25-55		REGISTRAR'S SIGNATURE Ms. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.			

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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 *James H. Lewis Jr.*
Licensed Embalmer No. *470*

P. O. Address *Marshall*

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.