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FILED APR 4 - 1956THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH18105
State File No.BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY OR TOWN <u>Owensville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>Washington Ave. 0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Ross</u> c. (Last) <u>Stockton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 30, 1884</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u> </u> Days <u> </u>	11. UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>near Belle, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Stockton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ayles Stockton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-30-1019</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leta Mae Stockton</u>		ADDRESS <u>Owensville, Mo.</u>	

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>Cerebral Laceration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>23 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Fracture</u>				<u>23 hrs.</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jefferson</u> <u>076</u> (COUNTY) <u>Orange</u> (STATE) <u>Mo.</u>			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 24, 1956</u> <u>3:30</u> P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck head in auto accident</u>	
22. I hereby certify that I attended the deceased from <u>2/24, 1956</u> , to <u>3/25, 1956</u> , that I last saw the deceased alive on <u>3/25, 1956</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>K. H. Schoenhalz, M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>3/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-27-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 28, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Myron H. Winter</u>		ADDRESS <u>OWENSVILLE, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 373

Date Filed APR 3 1956

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melford H H White

Licensed Embalmer No... 3

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.