

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26454**

FILED AUG 22 1956

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **119**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY OR TOWN Kennett	d. In 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) 26 hours		e. STREET ADDRESS (If rural, give location) 811 Anthony	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial			

3. NAME OF DECEASED (Type or Print)	a. (First) HURK	b. (Middle) LEE	c. (Last) STOKES	4. DATE OF DEATH (Month) (Day) (Year) 8 - 16 - 1956
-------------------------------------	------------------------	------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 - 30 - 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Linden, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME John Stokes	13b. MOTHER'S MAIDEN NAME Susan Barham	14. NAME OF HUSBAND OR WIFE Quella Stokes
---------------------------------------	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Quella Stokes	ADDRESS Kennett, Missouri
--	-------------------------------------	--	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 331x	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)	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 **8/15**, 19**56**, to **8/16**, 19**56**, that I last saw the deceased alive on **Aug 16**, 19**56**, and that death occurred at **10:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE James W. Mumma M.D.	(Degree or title) of	23b. ADDRESS Kennett, Mo	23c. DATE SIGNED 8/16/56
---	----------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8 - 18 - 56	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett, Missouri
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. 8-17-1956	REGISTRAR'S SIGNATURE Carl Hirschman	25. FUNERAL DIRECTOR'S SIGNATURE Emerson & Son Fun'l Home	ADDRESS Jonesboro Ark
---	---	--	------------------------------

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

90-0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 8-21-5
COUNTY FILE NUMBER 858-

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 J. Ellison*.....

Licensed Embalmer No. 895.....

P. O. Address *Jonesboro, A*.....

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.